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This report is made possible through a joint contribution by the Solicitor General Canada and the Aboriginal Healing Foundation.

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MAPPING THE HEALING JOURNEY
The final report of a First Nation Research Project on Healing in Canadian Aboriginal Communities
APC 21 CA (2002)

Aboriginal Peoples Collection

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Cat. No.: JS42-105/2002E

ISBN No.: 0-662-32088-3

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Acknowledgements

This project was co-funded by the Aboriginal Corrections Policy Unity of Solicitor General Canada and by the Aboriginal Healing Foundation. We are particularly indebted to Mr. Ed Buller, Director of the Aboriginal Corrections Policy Unity and Dr. Gail Valaskakis, Director of Research at the Aboriginal Healing Foundation, who guided and supported our work at every stage.

A tremendous debt of gratitude is owed to the six Canadian Aboriginal communities who so generously participated in intense community-based consultations and in a National Consultative Meeting held in Winnipeg. These communities (listed in alphabetical order) are:

- Eskasoni First Nation on Cape Breton Island, Nova Scotia
- Esketemc First Nation, otherwise known as Alkali Lake, British Columbia
- Hollow Water First Nation in southeastern Manitoba
- Mnjikaning First Nation at Rama, Ontario
- Squamish First Nation near Vancouver, British Columbia
- Waywayseecappo First Nation in southwestern Manitoba

In each of these communities, key healing personnel and community volunteers gave many hours and in some cases, days of their time grappling with very challenging and difficult questions related to the ongoing healing work in their communities and to the requirements of the road ahead, leading to sustainable well-being and prosperity.

We are also extremely grateful to the participants of the National Consultative Meeting, held in Winnipeg, January 14-15, 2002 for their thoughtful and energetic review of the research findings and for the additional, often profound insights, they added to our understanding of the patterns that emerged from the hundreds of pages of community data that were collected.

The participants in that two-day meeting were as follows.

Adeline Brown
Gwen Harry
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J. T. Turner
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Also, during the course of conceptualizing and carrying out this study, a number of key professionals in the Aboriginal healing field contributed significantly to our understanding of the patterns that were uncovered in the community studies and the literature review. Collectively, their work helped us enormously as we struggled to make sense of the complex and often seemingly contradictory themes and patterns we found. They are:

Sousan Abadian
Josie Bear
Harold Belmont
Lee Brown
Tina Fox
Maggie Hodgeson
Phil Lane, Sr.
Susan Powell
Faith Spotted Eagle
Sequoyah Trueblood

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Organization of This Report

The report is organized into the following sections:

Part One:	Introduction and background
Part Two:	Summary of findings from literature
Part Three:	Community Profiles – telling something about the healing work ongoing in each of the six selected project sites
Part Four:	Voices from the communities, which provides a sample of what various community representatives said related to the research question
Part Five:	Lessons about healing and the healing journey
Part Six:	Lessons about supporting the healing process
Part Seven:	Lessons about obstacles and ongoing challenges
Part Eight:	Lessons about healing as the rebuilding of nations
Part Nine:	Mapping the individual healing journey (4 stages)
Part Ten:	The four seasons of community healing
Part Eleven:	Recommendations for communities
Part Twelve:	Recommendations to the supporters and funders of community healing

PART ONE: INTRODUCTION AND BACKGROUND

For hundreds of years (in some cases as many as three hundred years), Canadian Aboriginal communities experienced wave after wave of debilitating shocks and traumas that left whole nations of people reeling and broken. These shock waves came in many forms:

- Diseases (such as influenza, small pox, measles, polio, diphtheria, tuberculosis and later, diabetes, heart disease and cancer);

- The destruction of traditional economies through the expropriation of traditional lands and resources;

- The undermining of traditional identity, spirituality, language and culture through missionization, residential schools and government day schools;

- The destruction of indigenous forms of governance, community organization and community cohesion through the imposition of European governmental forms such as the Indian Agent and the elected chief and council system which systematically sidelined and disempowered traditional forms of leadership and governance and fractured traditional systems for maintaining community solidarity and cohesion; and

- The breakdown of healthy patterns of individual, family and community life and the gradual introduction of alcohol and drug abuse, family violence, physical and sexual abuse, the loss of the ability to have or maintain intimate relationships, the loss of the ability to love and care for children, chronic depression, anger and rage and greatly increased levels of interpersonal violence and suicide.

It becomes clear when considering these various sources of trauma, that the eventual impact of trauma originating from outside Aboriginal communities was to generate a wide range of dysfunctional and hurtful behaviors (such as physical and sexual abuse) which then began to be recycled, generation after generation *inside* communities. What this has meant is that as many as three to five generations removed from externally induced trauma, the great great grandchildren of those who were originally traumatized by past historical events are now being traumatized by patterns that continue to be recycled in the families and communities of today.

The result of all of this trauma is a wide range of personal and social dysfunction that translates into symptoms such as these:

Individuals - who can't maintain intimate relationships, can't trust or be trusted, can't work in teams with others, can't persevere when difficulties arise, can't function as parents, can't hold a job and can't leave behind harmful habits such as alcohol and drug abuse or family violence. (Of course we now know that all these "can'ts" can actually be reversed through healing and learning processes.)

Families - When individuals who are stuck (as described above) enter family life, the family becomes a generator of trauma and dysfunction, as patterns of addictions and abuse are passed on. Basic human needs for safety, security, love and protection are not met and the family system is no longer able to

provide the foundation for healthy community life, as it once did in traditional society.

We note that many Aboriginal communities are considering returning to the clan system and to clan-based government, but this could only be viable if Aboriginal families again developed high levels of trust, intimacy, cooperative behavior, effective communication and adhered to a system of life- promoting, life-enhancing values, beliefs and moral standards.

(Again, we now know that families can learn, can heal and can overcome a long history of intergenerational trauma and dysfunction through hard work and a lot of love and support from others.)

Communities - Aboriginal communities that have been traumatized display a fairly predictable pattern of collective dysfunction in the form of rampant backbiting and gossip, perpetual social and political conflict and in-fighting, a tendency to pull down the good work of anyone who arises to serve the community, political corruption, lack of accountability and transparency in governance, widespread suspicion and mistrust between people, chronic inability to unite and work together to solve critical human problems, competition and turf wars between programs, a general sense of alienation and disengagement from community affairs by most people (what's the use?), a climate of fear and intimidation surrounding those who hold power and a general lack of progress and success in community initiatives and enterprises (which often seem to self-destruct).

(We now know that those patterns too, like their counterparts at the individual and family levels, can be transformed through persistent and effective processes of community healing and development.)

So What?

It is abundantly clear that Aboriginal nations cannot progress as long as this pattern of recycling trauma and dysfunction generation after generation is allowed to continue. Something is needed to interrupt the cycle and to introduce new patterns of living that lead to sustainable human well-being and prosperity.

The Aboriginal Healing Movement

Since the early 1980s, an ever-increasing number of Aboriginal communities have been struggling with the challenge of healing. In most cases, the earliest initiatives focused on addressing the pernicious pattern of alcoholism that was destroying so many lives. But as more and more communities began to have some success with efforts to stop the drinking, it gradually became clear that alcohol and drug abuse was only the "tip" of a very large and complex

"iceberg", the bulk of which remained hidden beneath the surface of community life.

Aboriginal healing programs sprang up across the country addressing such issues as addictions, sexual abuse, parenting, family violence, depression, suicide, anger and rage and eventually the residential school syndrome.

With these many and varied programs, there also emerged a wide variety of approaches. Strategies to promote "healing," that range from residential treatment programs (based on a variety of treatment models), one-on-one therapeutic counseling programs, personal growth workshops, retreats and traditional practices such as sweat lodges, healing ceremonies, fasting, prayers and the application of traditional teachings.

As this study goes to press, there are more than a thousand Aboriginal Healing programs ongoing on reserves and in cities and towns across Canada and many more initiatives that consciously incorporate a healing component within other types of programs.

Background to This Study

While it is clear to anyone working in or with Aboriginal communities that there is a great deal of innovative work going on related to individual and societal healing, there are few comprehensive attempts to map out the full range of concepts, of experience and of practical work which are a necessary part of that process. For example, in "Gathering Strength," (Volume 3, pg. 109 of the 1996 Canadian Government's Report of the Royal Commission on Aboriginal Peoples), the commissioners say, "Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systematic racism experienced over generations." While this description tells us something about the origins of dislocation and disease in Aboriginal communities, it does not tell us a great deal about how to promote the recovery process.

This lack of a comprehensive "map" of the healing process may exist partly because healing is such an inseparable component of all other development efforts, whether they focus primarily on alternative justice, addictions and sexual abuse recovery, economic development or education. This means that healing work is being carried out in many different contexts and is shaped by the other programs of which healing is an important component. As well, specific healing initiatives have focused on different aspects of the work and have developed particular types of expertise. Developing clear and generic definitions, principles and processes may also not have occurred because of the necessity for communities to develop their own models and processes which are closely linked with their own cultures, resources and needs. Many communities have learnt that healing work needs to be intimately linked to relationships with elders and other cultural leaders, as well as to ceremonies and protocols designed for personal development and for the restoration of healthy relationships within families and communities. This means that there will be considerable variability in how specific communities

or nations design and implement their healing programs.

On the other hand, there appears to be agreement that some foundation principles are held in common by Aboriginal peoples across Canada (such as the principle that healing comes from within and the principle that the healing of individuals and the healing of communities must go hand-in-hand). There is also general consensus that healing work certainly involves overcoming the legacy of past oppression and abuse and also that what that means in practice usually involves the transformation of inner lives, as well as family and community relationships and the social and environmental conditions within which people live. *In other words, healing means moving beyond hurt, pain, disease and dysfunction to establishing new patterns of living that produce sustainable well-being.*

Despite these commonalities, however, there does not seem to be a clear and comprehensive articulation anywhere of what is meant by individual and community healing in the context of Aboriginal communities, how healing is related to the development of well-being and prosperity and how healing and development efforts can best be nurtured and supported.

This absence of viable models and clear principles presents a critical challenge to Aboriginal communities and organizations struggling with healing issues, as well as to funders wishing to support Aboriginal healing work. To address this need, the Aboriginal Corrections Policy Unit of Solicitor General Canada and the Research Office of the Aboriginal Healing Foundation contracted Four Directions International to carry out a research project aimed at uncovering the rich experience of Aboriginal communities with healing processes and programs and sharing this information in such a way as to help shed light on the healing journey for those at any stage of the process.

(Note: Four Directions International has a strong focus on building partnerships between tribal people everywhere in support of economic and social development. Four Worlds is a family of organizations dedicated to supporting human and community development, especially in partnership with Aboriginal communities around the world. The Four Worlds Centre for Development Learning specializes on building capacity for participatory development. These two organizations collaborated at every stage of the "Mapping the Healing Experience of Canadian Aboriginal Communities" research project.)

The Research Process

The root of the word "research" is the French "recherché," which reminds us that the primary task of research is to look deeply and then to look again. The research process used in the "Mapping the Healing Experience of Canadian Aboriginal Communities" Project was designed to look again at the whole question of personal, family and community healing as it relates to the cultural, economic, political and social renewal of Aboriginal communities, with an eye to providing an integrative perspective with which to understand a very diverse and complex process. It was hoped that this research process could also serve to stimulate Aboriginal communities to work with an even greater repertoire of models and ideas as they move forward in their own developmental paths.

There was clearly a great deal to be gained from a participatory research process which examined the best thinking and practices related to healing work in Canadian Aboriginal communities. Such a research process could develop a type of "map" of the "territory" covered by personal and community healing work; i.e. what the experience of Canadian Aboriginal communities to date has been; what their challenges and victories have been; how they understand and put into practice the primary processes involved in personal and community healing (including an exploration of the role of both traditional and Western science based healing models); and which principles are used to ensure that those processes are carried out in ways which are respectful and safe for every one involved. The map would also locate the role of healing in the full range of human and community development work in Aboriginal communities, both in a general sense and as healing relates to specific sectors such as community justice, economic development, education and health development. The resulting map could be used by Aboriginal communities and also by governments at all levels, as well as by funders and those involved in program development and implementation, to enhance their respective roles in fostering the healing and development of Aboriginal communities.

Potential Benefits from the "Mapping the Healing Experience of Canadian Aboriginal Communities" Project

The need for such a research process can be clearly understood through a listing of some of the obvious benefits it could bring.

1. Aboriginal communities across Canada could gain a broad understanding of the challenges that lie ahead of them as they embark on or continue their own journey toward greater wellness.

2. Across Canada, many community-based and regional programs could be strengthened through learning from others, from the best that solid theory has to offer and from lessons learned from best practices.

3. Government funders, as well as those in the private sector, could use research findings to shape proposal guidelines and criteria and to build funding partnerships between various stakeholders.

4. Negotiation and advocacy work with governments could be strengthened as the links between the healing work and other sectors of activity (such as economic development, justice, education and health) are more clearly defined.

5. Technical support to healing programs could become more focused and effective (e.g. staff training, strategic planning).

6. Relationships between healing and the development and implementation of programs in particular sectors such as justice or economic development could be greatly clarified.

7. Aboriginal healing programs could have a greater impact on

international health and development literature and practice.

8. Evaluators could be assisted to develop appropriate frameworks for assessing program outcomes and impact.

9. The Aboriginal Corrections Policy Unit will be able to use the research in its advocacy and policy work at the federal level. In addition the research will be useful in the technical and funding support that it provides to specific program initiatives.

10. The Aboriginal Healing Foundation would benefit by being able to use the research to help inform its own work during the remaining time of its mandate and to make the research available to the programs it supports (as well as the many it may not have the resources to fund) so as to enhance program effectiveness.

Data Sources

The "Mapping the Healing Experience of Canadian Aboriginal Communities" Project built on the excellent work already underway in many Aboriginal communities across Canada, as well as on the body of literature, best practices and project documentation available through academic institutions, technical assistance providers and government.

The primary data source, however, was Aboriginal practitioners and community programs. Six project sites were selected from across Canada, representing a wide range of experiences and healing approaches. In-depth consultations were held with community program leaders, key volunteers and the core healing teams of each of the communities.

The six communities selected for in-depth consultations and review were the following (in alphabetical order):

1. Eskasoni First Nation, Cape Breton Island, Nova Scotia;

2. Esketemc First Nation, otherwise known as "Alkali Lake," in British Columbia;

3. Hollow Water First Nation in southeast Manitoba;

4. Mnjikaning First Nation, at Rama, Ontario;

5. Squamish First Nation near Vancouver, British Columbia; and

6. Waywayseecappo First Nation in southwestern Manitoba.

Brief community healing profiles for each of these communities appears in Part Three of this report.

It is important to underscore that these six communities were selected to represent a wide range of community healing experiences: large communities and small, veterans in the healing process, those just beginning and those somewhere in between; communities located within or in close proximity to large centres and those in relatively isolated areas; communities with outstanding role-model programs and those still struggling to develop appropriate program responses – all with the intent of providing a broad range of perspective and experience.

A handful of selected practitioners who work with many communities were also consulted to assist the research team to read crosscutting patterns and trends.

Research Project Components

The research project had the following methodological components (or processes).

1. *Literature review* - This step consisted of a review of academic literature and case study material focusing on work with Aboriginal individuals and communities, as well as other applicable material from work with other populations. The literature review helped identify healing processes and approaches as well as best practices. It was carried out early in the research process so that its findings could assist with the site selection process as well as contribute to the final "map" of the healing work and its relationship to other human and community development processes.

2. *Project documentation review* - There is a great deal of valuable experience and thinking related to Aboriginal healing which cannot be found in the formal literature. Project documents reviewed, related to initiatives in the field of substance abuse prevention and treatment, restorative justice, mental health, etc. which clearly have something to contribute to this research process.

3. *Case study site visits* - Six healing projects from across the country were selected for case study analysis and participation in a national consultative meeting. The research questions (outlined below) served as guides to the consultative processes with healing project implementers, intended beneficiaries, community leaders, and elders in each project community. In return for their participation in this process, each healing project received a short feedback document, which summarizes the findings of the meetings and offers observations designed to strengthen local program efforts. As well, two representatives of each project site were invited to participate in the national consultative meeting (see below) where they had the opportunity to network with and learn from their colleagues from across the country.

4. *National consultative meeting* - This meeting was scheduled after the literature and project documentation review had been completed, the case study consultations had been held in the six sites where healing projects are underway and the preliminary research findings had been compiled. It brought together the advisory team, the researchers and two representatives from each of the six project sites to review the preliminary research findings and to develop an integrative "map" which addresses the research questions listed above. The final research report was prepared on the basis of the input and advice of this consultative process.

5. *Key informant interviews and consultative support* - Besides the information gathered through literature and project documentation

sources, as well as from the site visits, a small group of Aboriginal leaders and other specialists in healing related work were consulted. These experts were able to contribute to the task of identifying patterns that transcend specific projects and to telling the story of healing work from at least the early 1980s.

Research Questions

The research process described above was designed to answer the following questions.

1. What is the variety of experience of Aboriginal communities in Canada related to individual, family and community healing work? What has worked? What hasn't worked? What are some of the strengths and resources that Aboriginal communities bring to this journey? What are their most challenging obstacles? What are the lessons which can be learned from this experience which will be helpful to Aboriginal communities and to others working on their own healing journeys?

2. What are the patterns that are emerging from this experience related to the following questions?

    a) How can individual healing be defined? What is the disease or dysfunction for which healing is needed? What are the roots of this disease or dysfunction? How can the personal healing journey be described in terms of the stages or steps it encompasses? When, if ever, is someone "healed?" What does the successful outcome of healing look like? What are the types of support most helpful for individuals on a journey of healing and recovery?

    b) How can families best be assisted to achieve wholeness and health?

    c) How can the "diseases" or dysfunctions of communities be described? How can community healing be defined? What would the successful outcomes of community healing look like? What are the stages or steps that a community can expect to go through to achieve a level of wellness, which will allow them to prosper? What are the types of support most helpful for communities as they work toward health and prosperity?

    d) What is the relationship between individual, family and societal healing and community economic, political, social and cultural development?

3. What is the experience of Aboriginal communities in drawing on both traditional and western healing models and strategies? What can be learned from this experience?

These questions were refined to be responded to within three clusters of questions, namely:

- *What is healing? Do people ever get healed? What are the results?*
- *What is the healing journey? What happens at various stages of the*

journey? Which obstacles arise? What can be done to overcome them? What really works? What doesn't?

- *What is the healing future? What is the goal or destination of the healing journey? What needs to happen at the later stages? What is the relationship between healing and nation building?*

Part Two: Summary of Literature Review Findings

In reviewing the available literature on healing, we looked for answers to three questions:

1. What is healing?
2. What has been tried?
3. What works?

We drew on literature from a variety of fields, both academic and general. These included:

- The emerging Aboriginal community and personal healing literature;
- The literature relating to recovery from trauma, post-traumatic stress disorder and abuse;
- The extensive literature relating to substance abuse and addictions recovery, community development and health promotion;
- A wide range of reports, discussion papers and evaluations from program initiatives sponsored by Solicitor General Canada, Health Canada, the Royal Commission on Aboriginal Peoples, the Aboriginal Healing Foundation, etc.; and
- The growing literature related to holistic health, healing and wellness;

It is important to note that this is by no means a comprehensive literature review, but rather an overview.

What is Healing?

Definitions

- "*...good health is not simply the outcome of illness care and social welfare services. It is the outcome of living actively, productively and safely, with reasonable control over the forces affecting everyday life, with the means to nourish body and soul, in harmony with one's neighbor and oneself, and with hope for the future of one's children and one's land. In short, good health is the outcome of living well.*" (RCAP, Vol. 3: 34 – 35)

- "*Healing may therefore be strategically described as a process of removing barriers and building the capacity of people and communities to address the determinants of health.*" (Community Health and Social Security Reform: Four Worlds)

- "*Culture, identity, tradition, values, spirituality, healing, transformation, revitalization, self-determination, self-government: a spiral of ideas and actions constitute community healing. At the most basic level, when Aboriginal people speak of community healing they suggest that there are many individuals within their community who must heal themselves before they will be capable of contributing to the many tasks that lie ahead. They talk of finding ways to help support individuals who must heal deep wounds. This can only be accomplished if*

people are provided with opportunities for spiritual growth and cultural awareness. More generally, people must acquire new skills so that the capacity of their communities to engage in discussion, planning and control over their institutions is increased. There is a need to build supportive and healthy environments so that debate and dialogue can be conducted on the many complex issues that comprise self-government." (Warry, 1998 p.240)

- *"The secret something that is shared by all effective healing methods can best be characterized as the process of leading the patient to an honest and truthful self-discovery. This self-discovery is required for the initiation and continuation of self-healing, for it is only through self-healing – in contrast to "curing" – that patients can experience both permanent recovery and spiritual growth. The goals of therapy are the elimination of delusion and self-pity and the helping of patients to prioritize and focus their lives so that they can grow. It is the truth that heals. True healing goes deeper than symptoms. It involves getting clear about your real identity and purpose in life."* (John Upledger in "Healers on Healing" Carlson R., & Shield B. 1990)

- The healer takes the person into disorder and brokenness to find intactness and reconciliation. *"Healing is a crucible to encounter the source of our being in our worst times; it is our genuine and potentially intact response to chaos, anguish and suffering. Healers forge the illness, the techniques and their special healing relationship into an opportunity to uncover the truth of who we really are.*" (Ted Kaptchuk in "*Healers on Healing,*" Carlson and Shield, 1990)

- "*Healers don't heal. They present a mirror to help people see themselves more clearly. Clients often come wanting healers to support them in their neuroses. Addictions and other self-destructive behaviors are like holes in a gas tank. You have to stop up the holes because they cause you to give away power. But that is just the start of the journey*". (Lynn Andrews in "Healers on Healing," Carlson and Shield, 1990)

- Healing is about being aligned with natural spiritual law. That alignment can happen swiftly, but the healing process itself seems to take a long time. The major part of the unresolved suffering that needs to be healed actually belongs to the ancestors. By healing themselves, each generation heals their ancestors. *"Being "healed" means living in peace, living in acceptance and not judging anyone. Thus with the residential school experience, healing means to come fully into acceptance of what took place and fully forgiving everyone that was involved. The only way to resolve the pain that comes from living in the past is acceptance and forgiveness. I tried all different kinds of healing, but I didn't feel like I was healed until I saw all the things that had happened to me as a great gift."* (Sequoyah Trueblood, interview)

There are many models and maps within the literature that describe different ways of understanding the healing journey for individuals and communities and the stages or elements within that journey. For example, within the field of trauma and abuse recovery, many researchers and practitioners state that the first stage is to create a place of safety. Such sanctuary is a prerequisite to the recovering person's need to tell their story. A learning process ensues, often within a therapeutic mentoring relationship, leading to the building of new life patterns. (Abadian 1999, Bopp et. al. 1998) Within the addictions field, the Twelve Step model

is widely used and is well described in the literature (e.g. Cook 1988). At least seven different models are commonly used to describe the community development journey (Bopp and Bopp, 2001, pp 10-11). Within this report we have summarized elements from these various individual and collective models. What is only beginning to crystallize within the emerging literature is a model that links the various levels of healing and development (from personal to collective).

What has been tried? What works?

In the past twenty-five years in Canada, a wide variety of experiences, programs and activities have been part of what may be described as the "Aboriginal healing movement". These have included:

- Participation in traditional healing and cultural activities;
- Culturally based wilderness camps and programs;
- Treatment and healing programs;
- Counseling and group work; and
- Community development initiatives.

It would be fair to say that the literature related to this broad experience is only just beginning to emerge as a recognizable stream. Compared to say the literature relating to the colonial experience and its legacy, the community healing literature remains fragmented and diverse. While there is a growing amount of literature relating to most of the above experiences, few attempts have been made to integrate the fields. In this section we summarize some key initiatives and lessons from each of the above areas.

Traditional Healing and Cultural Activities

- Cultural healing practices are playing an increasingly strong role in the community healing movement. Traditional practices have been invigorated at the community level and have seen a tremendous increase in participation. Cultural components, delivered by elders and cultural specialists are now commonly found within most government institutions serving Aboriginal people, such as schools, colleges, the justice system, the health care system, etc. Culturally based curriculum and models are widely used within treatment and healing programs. The community healing movement and the cultural renaissance have grown hand-in-hand over the past three decades (Warry 1998).

- *Culture as Treatment* - A variety of factors (the prohibition of traditional practices, the movement from traditional territories to urban centers, the development of an inter-tribal indigenous identity, etc.) have led to a growth in cross-cultural healing symbols and practices (many of which have been adopted from Plains cultures). As Aboriginal cultures have undergone massive transition, so too have many healing practices. Diagnosis, treatment and healing within a "traditional" context are often clearly defined. Within a

"transitional" context, the whole field has shifted and traditional healing systems have had to adapt. The *"Culture as Treatment"* model advocated by groups such as Round Lake Treatment Centre is often highlighted as a "best practice" (e.g. 1998 General Review of NNADAP, Hodgson et al p. 43). The approach appears to be particularly effective, and may be found in various forms from coast to coast. In some cases it appears to have displaced local healing modalities.

- In some areas of the country and within some Aboriginal communities, traditional healing practices remain very strong. There are traditional "treatment centers" which are being run with no external funding, no staffing or administrative structures and which are undocumented, often at the homes of healers. Many people, both within the literature and anecdotally ascribe their healing to participation in traditional cultural practices.

- *Contemporary healing practices* are centered around ceremony, but offer a structured way of life that involves fellowship, community, economy, spiritual practice, education and a profound sense of meaning and belonging, which funded programs can never fully replicate. For example, a growing number of people are involved in Sundances. The Sundance itself lasts only for a few days in the summer. However, participation often requires a multi-year commitment to an annual schedule that involves fasting, regular sweat lodges, sundance meetings, medicine gathering, feasts, preparation, participation in particular ceremonies etc. It is a whole way of life and few if any treatment "follow-up" programs come close to being as complete or rigorous. While ceremonial and healing practices are documented within the literature (e.g. anthropology), this holistic aspect remains largely unexplored.

- *Outcomes of traditional healing* - There is considerable anecdotal evidence that traditional healing practices have profound effects. For example, in a study of traditional healing with Aboriginal sex offenders in the prison system, therapists identified traditional practices as beneficial and noted changes in those who participated in them. *"Among the key areas of change that therapists saw were a general increase in openness to treatment, a greater ability to accept feedback, an enhanced level of self-disclosure (general and offence-specific), a decrease in hostility and resentment, the development of trust and empathy and a greater sense of grounding or stability."* (Solicitor General Canada, 1998, pp 75 –76)

- *"Having attended some sweats, I do know that during the ceremony people are able to talk about their own victimization because of the safe and secure nature of the Sweat."* (Therapist quoted in Solicitor General Canada, 1998, p.76)

- The same study indicated the conceptual and cultural distinctions between a "Western" treatment model, essentially medical, as described by therapists and an Aboriginal healing model, as described by elders and traditional healers. The study identifies several key areas of perceived conflict between the two worldviews (adapted from Solicitor General Canada, 1998)

	Therapist	Elders
Style	Need proof of program efficacy Desire for written reports	Accept efficacy of healing Oral tradition
Primary Focus	Cognitive-behavioral	Spiritual – emotional
Treatment Delivery style	Clinical Confrontational/challenging	Nurturing Non-confrontational
Approach to Treatment/ Healing	Goal-oriented and structured Asking for forgiveness not acceptable/appropriate	Process-oriented and unstructured Asking for forgiveness is necessary for healing to occur
Orientation to offender	Guarded, suspicious	Trusting, caring

These polarities describe a tension that may be found throughout the country (professional versus grassroots approaches, western versus indigenous models). It is important to note that while the word "Healing" is used by many groups, they frequently mean very different things by it.

Culturally Based Wilderness Camps

Many communities have experimented with culture camps as a way of reaching young people. Often these have been associated with justice initiatives, and there have been many successful programs and models. Of these the "Rediscovery" model is specifically identified as a model program initiative in the Royal Commission on Aboriginal Peoples Report on Health and Healing (p.162). The model has been implemented by more than thirty Aboriginal communities in Canada, with many times that number drawing directly from its experience. Rediscovery is not a healing or treatment model, although treatment centres have sent youth to Rediscovery programs and communities have developed them to explicitly address issues such as substance abuse and suicide. The basic Rediscovery model is the two-week summer camp that generally includes some or all of the following elements (Henley 1996):

- A wilderness location
- Involvement of traditional land users, elders and cultural specialists
- A "homegrown" context in which local community needs and locally-indigenous cultural values and protocols form the foundation for the camp program
- A locally sustainable model that can be kept going using available local people and resources (as opposed to a "professionally-based" program)
- A small, family-like atmosphere

- Traditional arts, crafts and technologies
- Participation in traditional subsistence activities such as hunting, fishing and other forms of food gathering, preparation and storage
- Participation in experiential game and activities that promote connection to the natural world, cross-cultural understanding, trust, teamwork, cooperation, confidence building etc.
- The oral tradition, including story telling, songs, history, as well as speaking out and sharing
- Promoting a healthy self-identity and sense of respect for one's own as well as other cultures
- An expedition, which may range from a short out-trip (e.g. three-day hike) to a completely mobile camp (e.g. two-week canoe trip)
- The opportunity to undertake a voluntary twenty-four-hour solo
- The chance to be honored, recognized and acknowledged
- Community involvement

Individual camps have carried out evaluations (Lertzman, D. 2002, "Rediscovering Rites of Passage," Journal of Conservation Ecology) and communities report the following effects and benefits:

1. Participants often gain in self-esteem, and since camps address the physical, spiritual, emotional and mental aspects of life, every participant can find an area or activity in which they excel. The increase of self-esteem is a consistent finding from virtually all published research on the long-term effects of outdoor programs. See, for example, Davis-Berman, J., & Berman, D.S. (1989) "The Wilderness Therapy Program; An Empirical Study of It's Effects with Adolescents in an Outpatient Setting," Journal of Contemporary Psychotherapy, 19 (4): 271 - 281.

2. Camps foster a strong sense of cultural pride and a renewed sense of belonging.

3. Participants at camps develop relationships of trust and an increased sense of purpose.

Some researchers (Crisp, S, 1998) identify youth wilderness programs along a continuum from "recreation" to "enrichment" to "therapy". *Therapy* involves the treatment of an underlying issue, following a diagnostic analysis of a long-standing problem or behavioral pattern. Individualized outcomes for the clients are specified and deliberately worked towards. *Enrichment* is the provision of a positive and potentially beneficial experience that can enhance a client's position relative to their disorder or dysfunction, but does not attempt to directly address the underlying causes of the problem. Changes may occur, but are likely to be transitory if the underlying causes are not addressed (e.g. enrichment programs are likely to boost self-esteem for substance abusers, but do not address underlying causal factors such as depression, sexual abuse, family dynamics etc). *Recreation* programs do not set out to address the individual's problem, but rather to enhance the achievement process.

Treatment and Healing Centres and Programs

There are currently around fifty residential treatment programs serving Aboriginal people in Canada. There have also been a variety of community-based, non-residential treatment programs.

- The strategy recommended by the Royal Commission on Aboriginal Peoples for promoting healing – *the development of healing centers and lodges* – does not appear to be supported by the literature. Community-based and systemic approaches are both more effective and more cost-effective than the development of institutional facilities. There is little evidence that residential treatment works very well (Hodgson et al. 1998) and certainly not compared to mobile or community-based programs, especially when compared dollar for dollar (Eliany and Rush, 1992, Bopp and Norris, 1992). Strategies that focus on strengthening and improving community services, coordinating multiple stakeholders efforts (from government to grassroots), training and supporting "healing mentors" or "guides" to work intensively with people, building well-resourced mobile teams that can work with local communities to provide community-based and land-based healing programs, providing on-going technical assistance and support to community-based initiatives–all these appear to be more effective.

- *Program evaluations* of treatment/healing initiatives are largely formative or process oriented and not summative or impact oriented. The 1998 General Review of Canada's National Native Alcohol and Drug Abuse Program "*focused on the issue of program evaluation and it identified many gaps and inherent weaknesses*" (p 79). The Review Team (Hodgson et al.) found:

  "*...No standardized approach to the collection of reliable data for ongoing monitoring of program performance at the community level.*"

  "*...Much of the evaluation...has focused on process issues (e.g. bed occupancy rates) rather than actual patient outcome.*"

  "*...Treatment Centres tended to have more structured evaluation processes than did the community-based elements. However treatment center evaluations were more focused on program design rather than actual patient outcome measures.*"

  "*...At the national level...no direct focus has been placed on the issue of effective program evaluation...*"

- One longitudinal study found that two years after treatment, 47 out of 50 urban Native American alcoholics reported relapses. (Kivlahan et al 1985. "Detoxification Recidivism Among Urban American Indian Alcoholics," American Journal of Psychiatry 142 (12): 1467 – 1470).

- There is a growing body of literature, largely from work done in the past ten years that can be described as "treatment outcome research." This includes clinical trials of programs designed to treat substance abuse and addictions. Probably the most comprehensive study in Canada to date is "*The Effectiveness of Prevention and Treatment Programs for Alcohol and Other Drugs Problems: A Review of Evaluation Studies*" (Eliany and Rush, 1992). They

conducted an extensive literature review and identify three broad approaches: health promotion, early intervention and treatment/rehabilitation. Their findings include:

"Community-wide interventions such as education and media campaigns appear to be most effective when directed towards changing social norms rather than fostering behavior change."

"Research supports the effectiveness of intervention programs that are oriented towards changing behavior – so long as they are brief. Longer-term interventions appear to be no more effective and are often less effective."

"The effectiveness of psychotherapy is also not well-supported by an evaluation of the literature. The perceived effectiveness of self-help programs such as Alcoholics Anonymous (AA) is largely unsubstantiated by the literature; however, four out of five Canadians would prefer to seek help from such groups over professional counseling."

"Most studies on out-patient and home detoxification approaches have recorded positive results; long-term residential programs require more evaluation. The literature presently suggests out-patients programs are more successful and significantly more cost-effective."

Healing Programs, Counseling and Group Work

Many different kinds of healing programs, counseling and therapeutic models have been tried within Aboriginal communities. These have included:

- Individual/family counseling and support (such as that provided by NNADAP workers)
- Participation in therapeutic communities and support groups (such as Alcoholics Anonymous, Narcotics Anonymous, Adult Children of Alcoholics, women's, men's and youth healing circles, etc.)
- Participation in workshops, conferences and gatherings with a "healing" theme
- Participation in religious movements

While almost everything imaginable has probably been tried somewhere, much of the experience remains undocumented.

- There is no evidence-based, published literature that relates specifically to Aboriginal healing programs, especially tracking the effectiveness of healing programs. (For example, a recent Ph.D. thesis related specifically to healing in Canadian Aboriginal communities, that includes an extensive literature search, does not make reference to one single outcome study related to such healing programs; "From Wasteland to Homeland: Trauma and the Renewal of Indigenous Peoples and Their Communities," Abadian, S., 1999 Ph.D. Thesis, Harvard)

- A variety of "efficacy" and "effectiveness" studies have been carried out related to the various psychotherapy/counseling modalities (more than two hundred different modalities have been identified). One of the largest self-assessment effectiveness studies was carried out by Consumer Reports magazine in a survey of 7,000 participants. (Consumer Reports, November 1995: "Mental Health: Does Therapy Help?" pp 734 – 739) The findings are

summarized and analyzed by Seligman ("The Effectiveness of Psychotherapy: The Consumer Reports Study," Seligman, M., American Psychologist, December 1995). He summarizes some of the findings as follows:

- Treatment by a mental health professional usually worked
- Long-term therapy produced more improvement than short-term therapy
- Alcoholics Anonymous (AA) did especially well and scored higher than mental health professionals
- Active shoppers and active clients did better in treatment than passive recipients
- No specific modality of psychotherapy did any better than any other for any problem
- Participants whose choice of therapist/care was determined by their insurance coverage did worse

- "*Healers help clients overcome their fear of change. They assist them to clarify their purpose or vision and strengthen their motivation. The specific healing technique is not that significant; it is a vehicle for giving clients the power to access something they already possess.*" (Jack Schwartz in Carlson & Shield, 1990)

- Each healing tradition or modality has its own set of definitions, categories and tools. Each one comes from a particular view of the world and identifies the most effective catalyst for change. "*The healer knows the true path into the core of a disorder. Genuine healing is a journey, facilitated by a healer, into a broken and hurt self, the purpose of which is to encounter a depth of humanity deeper than the tragedy of any illness.*" (Ted Kaptchuk in Carlson & Shield, 1990)

- A review of available literature in Canada indicates that there is a tendency to view the numbers of programs themselves as a measure of how much healing is going on. However, at this time, there is no evidence that the number and availability of "healing" programs necessarily correlates to the amount of healing taking place. Given the experience with NNADAP, there would appear to be inherent challenges in evaluating the effectiveness of healing programs, especially with the complex constellation of issues that healing/post treatment programs address. "*Part of the problem with such approaches is the wide range of potential problems that persons wish to deal with at a healing lodge. Sexual abuse and family violence issues, identity problems, relationship issues, grieving issues and other concerns are difficult to assess...*" (Hodgson et. al. P.75.)

- A relatively new approach that currently focuses on at-risk youth is multi-systemic therapy (MST). Essentially what it does is to transform the web of relationships around a young person. Studies show that young people living in the same community with the same range of services available to them have dramatically different outcomes (Leschied & Cunningham, 2000). The variable is the on-going presence of a healing mentor who is on-call around the clock for 4-6 months. They coach, cajole, mirror, encourage and provide structure for young people. They teach significant adults and systems to work with and communicate with the young person in new ways. They support families to learn and practice accessing existing resources and applying new insights.

- There are considerable challenges involved in assessing the effect of healing programs. Studies tend to measure the outcome related to a particular goal at a particular time (e.g. recidivism rates after six months, self-reported abstinence from alcohol one year post-treatment, etc.) This does not necessarily tell us whether someone has experienced "healing". Furthermore, long-term studies related to the effectiveness of particular programs show significant changes over time. For example a study of at-risk youth participating in wilderness challenge programs tracked participants self-analysis of the outcomes of their program over a long period of time ("*How much of an impact did the program make on your life?*"). There is a high point immediately following the program, which decreases to a low at between 6 - 24 months. The rate then steadily climbs to it's highest point 10 years after the end of the program. (Unpublished research findings: personal communication Caroline Elson, Infinity Adventures).

Community Development Programs

There have been a wide variety of community development initiatives within Aboriginal communities. These range from developing integrated program responses to crisis, creating enabling public policy, linking economic development and personal wellness initiatives and the development of integrated community healing and development plans. There is a growing awareness of the need for structural changes to enhance community-healing initiatives (Bopp & Bopp 2001, Four Worlds 1989, Warry and Justice, 1996).

- "*...Community healing is about collective approaches to change that enhance Aboriginal cultural identity. It is about family and community crisis intervention, integrated human services, political cooperation and public participation in processes of planned change and institution building.*" (Warry 1998, p.256)

- Aboriginal communities and the Aboriginal "healing movement" have long argued that healing and community development are inseparable (e.g. Four Worlds 1986). It is only relatively recently however that this idea is reflected widely within the literature. It may be generalized that within the last ten years, there has been a significant shift towards the idea that individual and family healing are, in large part, responses to historical forces of structural oppression and colonialism (such as residential schools). As such, they are located within a wider context of decolonization, community renewal and the reforging of an identity and place within the wider Canadian society.

- *The Royal Commission on Aboriginal Peoples* clearly documented the socio-economic conditions experienced by Aboriginal people that create and maintain the barriers to addressing basic health determinants. It is equally clear that these conditions are linked in an insidious feedback loop to the healing issues faced by individuals, families and communities, which is only slowly beginning to change. It is fair to say that the literature is only beginning to grapple with the mechanics of linking structural and local development initiatives (moving from the "why" to the "how") and starting to more systematically document the experiences of Aboriginal communities in addressing such issues.

Summary and Conclusions

Our brief assessment of the available literature shows a number of emergent trends and conclusions:

1. The literature relating to Aboriginal personal and community healing is just beginning to emerge as a recognizable body of work. It is anticipated that this trend will increase over the next few years, and there is important work to be done to more fully and systematically draw together the lessons and insights from existing resources, and make them more widely available to practitioners in an accessible and practical way.

2. "Healing" within a Canadian Aboriginal context refers to a cluster of ideas, activities, events, initiatives and relationships, happening at every level from the individual to the inter-tribal. This cluster has drawn widely on models and experiences from around the world, and is also developing its own unique models, methods, language and analyses, many of which are just beginning to enter mainstream dialogue. We can describe this cluster as the Aboriginal "Healing Movement".

3. The healing movement is generating many levels of inter-connected outcomes, which are hard to track and measure, especially using existing (culturally patterned) models and tools. While specific program interventions at the community level have a direct impact on individuals, so does the emerging climate within the community, the many activities associated with the growing cultural renaissance, the emergence of a growing number of inspirational Aboriginal role models at the local and national levels, the increasingly confident and positive portrayal of Aboriginal peoples and issues within the growing Aboriginal media, the resolution of key land claims, self-government initiatives, etc.

4. While this interconnected movement can amplify existing methodological challenges in isolating and measuring specific outcomes of specific interventions, it also offers clear lines of action for promoting healing and development. It is increasingly clear within the literature that interventions have to adapt themselves to mirror this holistic and multi-level process – the reality of how healing actually happens. The first signs are emerging within the literature of how existing mainstream systems are themselves opening up to the possibility of transformation through their interaction with Aboriginal healing processes and their efforts to understand and support communities on their healing journeys (see, for example, Warry 1998, p.257).

5. Almost everything has been tried when it comes to healing modalities. Basically almost everything works for someone, and nothing works for everyone. It is clear that specific modalities are less important than the context in which they take place. Aboriginal communities have also adapted many methods and models to suit their own cultural and social reality. Indigenous perspectives on healing lie at the heart of the Aboriginal healing movement, and have been the quiet engine of many significant initiatives. These perspectives are not healing modalities in the way that specific counseling or therapeutic techniques are. Rather they are the frameworks within which such techniques find their meaning.

6. Traditional healing has itself gone through changes. Healers have adapted techniques, medicines and symbols to meet the new challenges that they face. There are a growing number of Aboriginal practitioners engaged in the healing movement who are drawing on blended traditions that combine elements of both traditional and contemporary practices. In some cases these blended practices have themselves come to be presented as "traditional," as they have become increasingly incorporated within the language and experience of the healing movement.

7. The most promising specific initiatives seem to be those that are actively transforming patterns of "disease" and dysfunction within their actual context. Community-based treatment, systemic counseling approaches, participatory learning and research activities are all examples of initiatives that work on individuals and groups within their actual worlds, and view their patterns of thought and action as emerging from those worlds (as opposed to viewing their problems as being just their own, which is often the implicit rationale behind sending someone away for treatment).

8. Young people, the largest and fastest growing sector of Aboriginal society, seem to carry the symptoms of community and cultural disruption most acutely. Prevention, healing and development efforts are not keeping pace with this reality. It is clear from the literature that unless young people are specifically targeted, they are destined to repeat and amplify the self-destructive behaviors of those that came before them.

9. Many authors highlight the importance of the role played by catalytic, cross-disciplinary community workers, who can organize and focus existing initiatives, support and sustain integrated approaches and be a cross-pollinator of strategies, ideas and success stories.

Our site visits took us to the following six communities (in alphabetical order): Eskasoni First Nation in Nova Scotia, Esketemc First Nation in British Columbia, Hollow Water First Nation in Manitoba, Mnjikaning First Nation in Ontario, Squamish First Nation in British Columbia, and Waywayseecappo First Nation in Manitoba. This section shares some background information about these communities and highlights their current challenges and innovative programming.

Eskasoni Healing Movement

(Cape Breton, Nova Scotia)

The Mi'kmaw people in Cape Breton function, in many ways, like a large extended family, with many branches and five established communities now recognized as distinct First Nations. While there are certainly many differences between these Cape Breton First Nations related to healing (one of them has barely begun the process and is deeply troubled, while others are at various stages well along their journey), when lessons emerge from any one of these communities, all the others are influenced.

Furthermore, certain agencies (such as child welfare, tribal police and mental health) are not exclusively Eskasoni-owned and operated, but rather provide services to all the communities. For these reasons, the observations and comments here borrow freely from the knowledge and experience of all of the Island Mi'kmaw.

Eskasoni itself is a fairly large community (some 3,500 people) and this factor is seen by community workers as a major challenge, simply because the community is so large, complex and spread out that it seems very daunting (if not impossible) to contemplate the task of intentionally building a healing movement in the community. How could you ever gather enough people at any one time to really make a difference?

Workers described the most serious healing issues to include addictions (which has changed over the years to now include very serious prescription drug abuse, and which still touches upwards of seventy percent of the households in the community), "massive sexual abuse" which for the most part has not been acknowledged or systematically addressed, as well as profound anger and rage which often translates into abuse and violence. They also spoke eloquently about the need to transform the *systems* within which people live and that serve the community. Some of the systems of particular concern include the welfare and child protection system, the education system, the justice system, the political system, the economic system and spiritual and cultural systems. All of these, participants explained, were hijacked by the colonial process and the aftermath of residential school and now need to be reclaimed, healed and transformed so that they are no longer European cultural artifacts, but rather living Mi'kmaw institutions and processes that contribute constructively to the people's well-being and prosperity.

Esketemc Healing Journey

(Alkali Lake, British Columbia)

Esketemc is famous across the indigenous world for its successful struggle to overcome community alcoholism. In the mid-1980s, the community made a dramatic shift from a situation in which virtually every man, woman and child over twelve years of age was a practicing alcoholic, to one in which ninety-five percent of the population practiced sobriety. The community did not stop there. They went on in their healing process to address high levels of physical and sexual abuse and many other challenges. Much of what was learned in this struggle was incorporated into a comprehensive training program called "New Directions Training" which has been shared in many community settings across North America.

The Esketemc Healing Committee not only represents all the band programs engaged in healing, but also consists of many of the original "spark plugs" to the Esketemc healing movement. Most of the veteran team has been active in the community-healing journey since the early 1980s and many are well known across North America for their training and healing work carried out in hundreds of Aboriginal communities.

It was fascinating to watch the Esketemc team gravitate immediately to its own current challenges. Although the site visit process presented an organized series of questions to them, what the Esketemc team wanted to explore in depth largely related to the relationship between community healing and the social and economic development dimensions of nation building. Clearly, in the minds of Esketemc people, the healing process in their community has run into a kind of "glass ceiling". From their point of view, it doesn't much matter how "healthy" community members become, how emotionally competent, how free of addictions and abuse, how spiritually connected to their own identity and values, how clear thinking in articulating the future they want for themselves and their Nation, how willing they may be to work hard and even sacrifice for the realization of the vision – none of this is enough when you have to live inside a repressive political and economic system that keeps Aboriginal people powerless, poor and unemployed. The Esketemc people have demonstrated that while it is certainly possible to emerge from trauma and tragedy to become physically and spiritually whole and to have family and community relationships that are largely positive and healthy, governmentally imposed limits to the people's development potential constitutes a very serious obstacle to keeping the next generations remotely healthy. In the minds of the core healing team, there is a clear and present danger that unless a way through these obstacles can be found, many of the wellness gains Esketemc has made will be lost within a generation.

The Hollow Water Community Holistic Circle Healing Process (Hollow Water, Manitoba)

Hollow Water is an Anishinabe reserve of around 1000 people, one hundred and fifty miles northeast of Winnipeg, Manitoba. It is closely linked to three neighbouring communities—Manigotan, Aghaming and Seymourville.

In 1984 a Resource Team was formed to work on healing and development in these four communities. It was made up of political leaders, service providers from all the agencies working in the area and a strong base of community volunteers.

In essence, the Resource Team had two vital functions. First, it was the core group of those people within the population who were on a healing journey themselves and were determined to help the rest of the people to undertake their own journeys, so that the communities would be safe and healthy for their children and grandchildren. Second, the Resource Team was an integrated program effort across all disciplines and sectors (such as education, politics, religion, health and economy) dedicated to leading a sustained, long-term community health development process.

The first disclosure of sexual abuse came in 1986. Before that time, nobody talked about it. When Hollow Water people looked at their community prior to 1986, alcohol and drug abuse loomed large as a problem, as did unemployment and the need to re-root the education of their children in the cultural traditions of the people. At that point there was no turning back. It became clear that there had been a great deal of sexual abuse going on for many years, but that talking about it was taboo. Indeed, most of the members of the Resource Team had been personally affected by it. They gradually discovered that as the blanket of alcohol abuse was lifted, many of the people were holding onto acute anger, hurt and dysfunctional behavior patterns that were related to sexual abuse or some other form of violation done to them in their past. It became increasingly clear that if the community was to ever succeed in political and economic realms, they had a lot of personal healing work to do.

What followed was a very active period of learning and healing. The Resource Team consulted with many groups across North America who were dealing with similar issues, and by 1988 had set up their own training program called S.A.F.E. (Self Awareness Training for Everyone) modelled after the New Directions Training being offered at that time by the community of Esketemc (Alkali Lake). This step allowed the community to bring this type of training to as many community members as were willing to begin a personal journey of healing and learning.

One of the consequences of the opening up of trust and communication produced by the personal growth training was a dramatic increase in the number of sexual abuse disclosures. The Resource Team soon realized that there was a fundamental conflict between what the justice system does with offenders and what the community needed to do. What was actually needed, they realized, was a new negotiated relationship with all the agencies that have a stake in dealing with sexual abuse cases including:

- child protection workers
- police
- the crown attorney and judges
- mental health workers

Other primary stakeholders in the process needing a great deal of support, love, and skilled attention include:

- victims and their families
- victimizers and their families
- other community members affected by the abuse

The new negotiated relationship would have to spell out a strict set of procedures about what to do at the time of disclosure and how a disclosure would be dealt with by the courts to allow for the healing process to take place. An initial system was developed which has since been refined and developed. The model was named Community Holistic Circle Healing (CHCH) and basically works as follows.

1. An intervention team consisting of representatives of the justice system, child protection services, community mental health and a community representative (often an elder), conducts an initial investigation to find out what really happened. The victim's story is recorded and their safety and ongoing support is ensured.
2. Once it has been determined beyond reasonable doubt that the abuse took place, the abuser is confronted and charged. At this stage, the combined power of the law and the community is used to encourage the abuser to break through his or her denial to admit to the abuse and to agree to participate in the healing process. Abusers' choices are: a) to plead guilty and then be sentenced to probation requiring full co-operation with the healing process, or b) to take their chances in court, with jail as the probable outcome.
3. If abusers agree to the healing road, they then begin a three-to-five-year journey, which ends in restitution and reconciliation between the abuser and the victim, the victim's family and the whole community.
4. When abusers commit themselves to the healing process, the CHCH team asks the courts for a minimum of four months to assess the authenticity of the commitment. When abusers agree to take the healing option, they usually do so out of fear of going to jail. It is therefore important to determine whether or not they are actually ready to participate fully in the healing process.
5. During the four-month period, abusers are asked to undergo a process of looking deeply into themselves and really breaking through the denial to admit to themselves what they have done and how their actions have hurt others. This process involves four circles:
    a. The first series of circles are held in which the person is asked to share what they have done. Often they can only admit bits and pieces and they try to avoid talking about the details. Gradually the abuser is able to admit everything and is helped to feel the love and support of the circle. It is made clear that the goal of the healing circle is to help the abuser become a healthy and productive community member. During this time, the abuser must also work with a sexual abuse counselor each week to undergo additional assessment.
    b. The second circle requires abusers to bring their nuclear families together, to tell them what they have done, and to deal with the family's response.
    c. The third circle repeats the second circle process with the family of origin (parents, grandparents, aunts, uncles etc.).

d. The fourth circle is the sentencing circle. In this circle, abusers must tell the whole community what they have done and what steps they have already taken on the healing journey. CHCH staff says that if a person goes fully through all of these steps, then they are convinced of their commitment to the healing process.

6. In all, the CHCH process for dealing with abusers has thirteen steps:

   a. Disclosure
   b. Establish safety for the victim
   c. Confront the victimizer
   d. Support the spouse/parents of the victimizer
   e. Support the families that are affected
   f. A meeting between the assessment team and the RCMP
   g. Circles with the victimizer
   h. Circles with the victim and victimizer
   i. Prepare the victim's family for the sentencing circle
   j. Prepare the victimizer's family for the sentencing circle
   k. A special gathering for the sentencing circle
   l. A sentencing review (after three years)
   m. A cleansing ceremony

7. It is important to note that this model does not only focus on the abuser. Victims receive a great deal of care, love and skilled therapeutic attention in dealing with the trauma of their abuse.

8. One of the unique features of the Hollow Water CHCH model is the way that it brings the Canadian legal system into the circle of the community in order to creatively use that system to help heal the community. Another feature is a strong emphasis on the ownership of the abuse and the accountability required of abusers. Prison does not achieve this result, but restoring loving, caring relationships does.

At the time of this writing, CHCH is working to find ways to enlarge the circle healing process to more effectively work with the community's young people, some of who are caught up with not only alcohol, but other drugs as well. Like other Aboriginal healing programs which have been working on healing issues for many years, CHCH is also looking for ways to keep the whole community actively involved and motivated. They are very clear that they are not a program or project, they are a process which is part of what must be a community healing movement if it is to remain successful.

The Biidaaban Community Healing Model of the Mnjikaning First Nation (Rama, Ontario)

We are a Biidaaban people
Who greet the rising sun
In circle there is healing
For each and everyone
Like tree by flowing water
That grows from Mother Earth
We rise with strengthened spirit
To share in life's rebirth.
(John Wesley Oldham, June 9, 1995)

The Biidaaban Community Healing Model offers a restorative justice approach to deal with a variety of offenses (such as sexual assault, fraud and domestic violence). The program provides access to a wide variety of healing opportunities (in the form of individual and group counseling and referrals to traditional healers, psychologists and other therapists) to the person who has been harmed and to the person who has harmed. These individuals also receive assistance throughout the court process and the community gathering which is such an essential element of the Biidaaban Program.

Individuals who have harmed others, whether or not they have been charged by the police, must take responsibility for their behavior and agree to participate in the Biidaaban process. They are then assigned a Wellness Counselor who assists them to develop and commit to an Interim Treatment Plan. If the individual has been charged with an offense, the Interim Treatment Plan is presented at court with the request that the case be adjourned for four months. During those four months, the individual completes the Interim Treatment Plan and an assessment is made as to whether or not the Biidaaban Community Process is the appropriate next step to take. In this way the sentence which the court hands down can take into account the community healing process which Biidaaban offers.

The next step is a Community Gathering at which the people who have been harmed can talk about the way they have been affected by the incident(s) under consideration. The individuals who have harmed others can apologize for their behavior and the community can decide what must be done to provide restitution and restore balance and harmony through the development of a Treatment Plan. The Biidaaban team monitors the Treatment Plan for at least the next six months.

How the Biidaaban Community Healing Model Began

Concerned about the degree of child sexual abuse in the community and the extent to which the problem remained hidden, the twenty-five members of Gga Wiidookaadmin, the Council's Human Services Committee (consisting of front-line health and social service workers and elders) initiated the Biidaaban Project. An important milestone in the development of the Project was the commitment of sixteen people to complete a training project whose aim was to assist them to develop a healing model which draws on the best work done in other First Nations communities and to work on their own healing issues in preparation for the demanding work of facilitating healing in others. This group has come to be known as the Biidaaban Circle. One of their important first tasks was to develop clear protocols for responding to sexual abuse allegations or disclosures in the community.

On June 10, 1996, the Mnjikaning Chief and Council signed a Band Council Resolution supporting the implementation of Biidaaban—The Mnjikaning Community Healing Model. As stated in the second edition of the program documentation (revised and updated 1996), the Mnjikaning Community Model is the culmination "of this community's desire to address the issue of sexual abuse through a holistic community-based design that fuses traditional native and modern therapeutic methods of healing".

In October 1998, the Health and Social Services Department of the Mnjikaning Council submitted a funding proposal to the Aboriginal Corrections Policy Unit of Solicitor General Canada. This was a very important milestone as it allowed the Biidaaban Program to acquire a core salaried staff to handle the increasing demand for their services, to access some specialized expertise from qualified clinicians, to educate the Mnjikaning Band members about the issue of sexual abuse and the healing and other types of support services offered through Biidaaban and to offer further learning opportunities for the members of the Biidaaban Circle. At this writing, this first three-year funding cycle was just concluding, but some financial support from the federal government for Biidaaban will be forthcoming for another two-years. The Band continues to cover approximately one-third of the cost of the Program. A grant was also received from The Aboriginal Healing Foundation for the period 1999-2001 to offer "spiritual healing" opportunities for members of the Mnjikaning First Nation.

Next Steps for the Biidaaban Program

An important challenge facing the Biidaaban Program in the months to come will be to find a way to move from being one program that provides useful and effective services to its clients to become a true community healing movement that more fully captures the imagination and energy of the community.

The Squamish Nation Community Healing Approach (Squamish, British Columbia)

The people of the Squamish Nation (North Vancouver and upper Squamish, British Columbia) have been actively and persistently engaged in activities aimed at healing the widespread impacts of residential school trauma for more than twenty years. A process that began with individual courage and initiative to seek help despite a general climate that "couldn't see a problem," gradually developed into a full-fledged community movement.

There can be no doubt that in the case of the Squamish Nation the primary impetus for healing came from individual community members and several community groups (i.e. from civil society) and not from political leaders or Band programs. Perhaps the greatest impetus came from the leadership of community elders, some of who consciously began addressing their own healing issues and who then organized themselves to begin influencing others within the Squamish Nation.

One of the most dramatic examples of this is the story of how the Elders' Advisory Committee, a self-organized group of Squamish elders, determined to address healing issues such as addictions, suicide, violence and abuse by starting with themselves. One elder grandmother put it this way.

> *"We started with ourselves. I am a survivor of residential schools. We cried. The tears were good. We were able to release something and we were healed, but it took a long time to be able to release ... It doesn't happen all in one shot. It took us years to get where we are."*

This relatively small group of elders (ten to twelve people, some women, some men) eventually worked together with a few younger people to develop a proposal for a Squamish Nation Crisis Centre, which they called *Esemkwu* meaning "wrapped in blanket." This Centre was conceived by the elders to be a resource for healing and a catalyst for change in the community. Their proposal was funded by the Aboriginal Healing Foundation and is now a strong force for healing within the Squamish Nation.

Working together with the *Esemkwu* program and many others, the elders also organized a Residential School Healing Conference for Squamish people and other relatives across the British Columbia Lower Mainland area. This conference was so successful that a second conference focusing on second-generation survivors was held the following year and a third the year after that.

The Squamish Nation is situated in two locations. Some two thousand members live on the North Vancouver reserve, or scattered across the city of North Vancouver. Another one thousand live in what is referred to as "Upper Squamish", which amounts to a series of small settlements along the Squamish Highway not far from the town of Squamish.

What this has meant relative to the challenge of healing, is that the majority of Squamish Nation people are city dwellers and (especially young people) are much more susceptible to isolation, addictions and other stresses that come from lower economic strata living in big cities. Not surprisingly, upper Squamish people feel that they are often by-passed or short-

changed in Band programming allocations and yet the responsiveness to healing initiatives among upper Squamish people has been generally more positive and consistent than that of their city dwelling relatives.

Although crisis intervention has been the primary focus of the first wave response to the legacy of residential schools, it has not been the only response. A great deal of energy has also gone into creating long-term healing opportunities for people in the form of counseling and referrals to treatment, support circles and a wide range of prevention activities. Certainly most front-line wellness workers are aware of the fundamental need for long-term healing for individuals, as well as the eventual requirement of addressing the healing of levels beyond individuals, such as community politics, economic disparity and the full recovery of the spiritual and cultural foundations of the Squamish people.

The critical next step for the Squamish Nation healing movement seems to be a shift from emergency response mode (i.e. moving from crisis to crisis) to dealing with the root causes and helping the people to address the broader range of determinants of well-being such as adequate income, social support and the capacity of grassroots people to participate meaningfully in shaping the future of their community.

Waywayseecappo First Nation Tackles Community Healing and Development (Waywayseecappo, Manitoba)

Waywayseecappo is located about three hours west and slightly north of Winnipeg, in a typical prairie farming district. It is clear at a glance that Wayway people have not taken to poverty and marginalization passively. The community has demonstrated remarkable initiative and creativity in taking control of education, in various economic development ventures and in some very innovative responses to social problems.

One of the community's innovative initiatives is the Oshi-iwke (new women) program — a residential healing, life skills and transition program for young women. Pregnant and new mothers are offered the opportunity to live in an apartment block of twelve units. The Oshi-iwke program uses cultural transition ceremonies and lots of community building and mutual support with these young women. Oshi-iwke is developing a healing manual which identified ten steps leading to greater heath and self-reliance.

- Awaken the sleeping spirit (this stage has a lot to do with self love and awareness)
- Take off the mask
- Deal with presenting issues
- Go deeper (get to the roots of the presenting issues)
- Learn healthy patterns of thinking, interacting and living
- Learn to deal with failure and falling off the wagon (because it happens to many people)
- Set life goals
- Learning for life
- Make plans and set out on the journey toward your goals
- Take others on the journey

Nevertheless, Waywayseecappo has been profoundly impacted by boarding schools and a host of other traumas and is deeply entangled in a web of alcoholism, violence, cultural disintegration and disunity.

While there are certainly strong individuals and even whole programs that are struggling to get a handle on community wellness, the community as a whole had not (at the time of our visit in July 2001) been able to "see" wellness as a fundamental challenge to nation building and no comprehensive plans had been made for community healing linked to social and economic development.

PART FOUR: VOICES FROM THE COMMUNITIES

As mentioned previously, our site visits took us to the following six communities: the Eskasoni First Nation in Nova Scotia, the Esketemc First Nation in British Columbia, the Hollow Water First Nation in Manitoba, the Mnjikaning First Nation in Ontario, the Squamish First Nation in British Columbia, and the Waywayseecappo First Nation in Manitoba. During these visits, we explored three big questions.

1. *What is healing? Do people ever get healed? What are the results?*
2. *What is the healing journey? What happens at various stages of the journey? Which obstacles arise? What can be done to overcome them? What really works? What doesn't?*
3. *What is the healing future? What is the goal or destination of the healing journey? What needs to happen at the later stages? What is the relationship between healing and nation building?*

In this section we present some of what people told us in these important discussions. Obviously we cannot include every comment or this document would be several hundred pages long. We have organized sample comments in a type of panel format, where we, as researchers pose a question, followed by the responses that came from various community members. We hope these excerpts will give you a small taste of the many insights we heard. The full text of the community consultations can be found in the individual site visit reports for each of the six communities.

In the material that follows, individual speakers are not identified by name, but the community from which they come is listed.

What is healing?

Eskasoni

Healing is a process, a journey. There is rarely a definite beginning or end to it. It's not because we are all broken or because we want to be perfect. It's because we want to be healthy individuals in a healthy community.

Esketemc

Healing is mental, emotional, physical and spiritual development. It's all in the Medicine Wheel. And it's not just an individual thing either. It's also political, social, cultural and economic development.

Mnjikaning
The term "healing" can also be called "reviving," "rebuilding," or "recreating."

Squamish
Healing means having a clear mind, having a spiritual way of thinking, freedom from rage, anger and hurt and believing in the Creator, in yourself and in other people.

Waywayseecappo
Healing is many things. It is processing and moving beyond hurt feeling, yes. But healing is also economic development. Education is healing. Getting out of poverty and out from under welfare is healing. Healing is anything that helps people become more unified and more able to be well and to prosper.

Hollow Water
Much of what used to be described as "healing" is now viewed as "decolonization therapy" by the CHCH team. The legacy of the colonial assault on the community and culture includes: people who are out of balance, destructive values dominating community life, a mindset of dependency and community systems that help to perpetuate the previous three issues. Community healing as decolonization therapy involves: articulating the principles that promote health and balance for the community, supporting people to move back into balance, basing all community systems on healthy balanced principles and taking full responsibility as a community for the journey.

What are some of the issues for which healing is needed?

Hollow Water
Traditionally the elders taught young people about the Teachings, so that by the time they were able to create themselves, they understood something about life and their place within Creation. The influence of the elders and the Teachings were understood to be an obstacle to assimilation by the colonial system and this influence and connection was therefore systematically disrupted and severed. This disruption plays out most fully in the emotional and spiritual life of the people today and is the reason that relationships, sexuality and religion are the areas that seem to be most out of balance today.

Eskasoni
We have a complicated web of issues we are struggling with—alcohol and drugs, gambling, sexual abuse, family violence and the full spectrum of residential –school-survivor issues related to parenting, emotional withdrawal and slow, burning rage (to mention a few).

Squamish
Our programs are part of the problem. We have "programitis". We have no common money and common goals, no common vision and no integrated plan. We have separate, as well as overlapping services and we are often enabling people more than we are helping them to heal.

Esketemc
You can't really heal the people unless you can create security related to food, clothing and shelter. Unless we can address our real economic development challenges, complete healing remains out of reach.

Waywayseecappo
We have many healing issues. A big one (identified in a recent study) is family violence. There's lots of denial about this, but it's a huge problem. While we know that there is a lot of sexual abuse, that issue has not been opened up and addressed. If you count the binge drinkers, almost every household is living with alcohol and drug abuse as a constant pattern of life. When you count the young people (who are around sixty percent of the population), the numbers go way up. Maybe ninety percent of the kids are using.

Mnjikaning
The community does not want to hear about the really tough issues like sexual abuse because this means facing their pain and doing the hard work of making changes.

What is the healing journey for an individual?

Waywayseecappo
A healthy person has something to get up for in the morning.

Mnjikaning
When you are healing, your confidence and self-esteem are getting stronger. Your fire gets bigger and you start feeling worthy and using your voice more. You respect yourself and the people around you more. You can look at people who have hurt you with understanding. Healing gives us some understanding of why people are the way they are.

Squamish
Healing means having a clear mind, having a spiritual way of thinking, believing in the Creator, in yourself and in other people and freedom from rage, anger and hurt. As people are healing, they become more and more functional. Anger, fear and despair gradually leave them and are replaced by feelings of hope, caring for others, compassion, and love. As the grip of negative feelings loosens, people feel less and less paralyzed, and more able to think clearly, to see themselves as effective agents of change in their own lives and more able to take responsibility for their owns choices.

Eskasoni
Spirituality is the main foundation ingredient to healing. Religion is not the same thing. We use prayers, sweats, and traditional gatherings – anything to keep the spirit alive…
A big part of healing is attaching meaning to past losses and pain. You have to reorient the meaning of past events so it is positive…
One size does not fit all. People are different and their healing needs are very different. We differ according to how we were hurt, but also according to gender, age, the type of family we come from, etc.

Esketemc
Healing circles are needed to hear the pain and the stories of victims. Often they focus on offenders. Both are important...
Our responsibility is to get by our own feelings in this generation and to face the rest of the world ... to say there is our land, our heritage. It's not just that non-Natives hurt our feelings. They took our lands and shattered our culture. Now we have to pick up the pieces and carry on. "So pony up," we say. I don't want my granddaughter to go on fighting, feeling angry and held back. This is our cross to bear. We have been chosen to bear it and we're not going to pass it on.

Hollow Water
The healing process seems to go in cycles. There are periods of great movement and apparent growth and periods when nothing seems to be happening or when things get worse again.

What are other dimensions of the healing journey?

Squamish
Many adults are still so wounded that they are unable to parent or to provide and yet raising the next generation of children to be healthy (without recycling the pain and abuse) is a vital requirement for healing the nation. This is a central healing challenge for the Squamish people for which viable solutions need to be found.

Waywayseecappo
Our governance system is making and keeping us sick. It sets people against each other. Since our (recent) election, the women have been split. Old friendships were broken. We're going to have circles to try to heal this. Right now the governance system is adversarial, so we fight and become disunited. Our current system encourages nepotism and corruption. We have three million for social programs, but it's all split into pieces, and program managers protect their piece.

Eskasoni
Four to five years ago, bootleggers were banned here, but this law was never enforced. The community gathered and worked together to bring about change, but the public institutions and leadership they trusted to carry out the community's decision managed to avoid really dealing with the problem. Corruption in high places is a major obstacle to healing, and really is part of what needs to be healed. When this sort of systematic undermining of the community's will and intention happens, people get discouraged about their own ability to make a difference or to bring about change. They are less and less willing to get involved in anything controversial, more passive and more inclined to wait for and depend upon others to solve community problems. The reality is that many people feel helpless and powerless to change an environment that they know is slowly grinding them down. There's lots of discontent, but also a strong fear to speak up. We are afraid those in power will come down on us somehow, like when we need something fixed, or when we need a house for one of our children. They control our access to services and programs that may be our "right" to have, but they still control everything.

So many of us remain silent. We are ruled by our own fear.

Mnjikaning

Our Chief and Council are not currently fully committed to a clean and sober leadership. For the most part, the community is asking for our leaders to commit themselves to being healthy role models and there is also some impetus from the National chief...

Money is still flushing through our community. Our community is just too small to sustain a lot of businesses (economy of scale isn't there). There are other barriers to entrepreneurial activity. For example, if a business begins to be successful, the Council might take it away from you.

Hollow Water

In essence, the healing process involves the community as a whole taking ownership of problems and their solutions. The tendency to view particular problems as belonging to particular departments, programs or outside agencies is itself part of the problem. The "program mentality" that people develop can itself be hazardous to the healing process. People enter programs as change agents, wanting to make a difference in their community. Gradually they learn to conform, "to not rock the boat" and lose some of the qualities that originally motivated and made them effective. There is a tendency for programs to lose sight of their goals and do everything they can to justify the continued existence of the program. There is frustration that the very systems designed to serve people become systems that are no longer accountable and responsive to community needs.

Esketemc

Recovering our traditional justice circles is healing. Dealing with the emotional pain and scars of residential school is healing. Rebuilding our economic security and creating real opportunities for wealth-creation is healing. Helping our young people to find a better path in life than the one we took is healing. Rebuilding our traditional clan system is healing. All of these things are necessary because these are the things that were taken away from us and we need all of them in order to recover our true strength as a Nation.

Eskasoni

The structure of government funding related to healing is another major obstacle for us that stands in the way of developing a coherent long-term program. We are forced to spend a major part of our time and energy trying to access funds (or accounting for funds received). There are many small pots of money and we have to act like a chameleon – always changing the appearance of our mandate in order to get funding. These funds include Building Healthy Communities, NNADAP, The Healing Foundation and Brighter Futures. But there is no core funding that supports the essential long-term work of building and maintaining a coherent initiative. The big problem is that the government doesn't work together internally.

What has worked for you in promoting healing for individuals, families and the community?

Hollow Water
Healing processes often require support from outside the community as well as the effective mobilization of the resources inside the community.

Waywayseecappo
An important key to the healing journey resides with the leadership. They have to work out a plan for the community that supports the work that needs to be done. We need a comprehensive healing and community development plan that includes healing, housing, governance, economic development—all of it… We have learned that healing doesn't stop. There is recovery, but it takes a long time. The long-distance runner that trips doesn't give up. Why is that? Because of self-motivation and confidence. We have to support our people for the long run, for years. This means they will need training, lots of encouragement and long-term support until they have self-motivation and confidence.

Esketemc
So, in order to heal, you need a vision of what you want out of life, a plan to get there and the help you need (it could be healing, training, access to funding or just the support of friends, family and community). Each person needs a plan. Each family too. Then you have to get everyone together to make a community plan that will support the realization of everybody's hopes and dreams.

Mnjikaning
As helpers in the community's healing journey, we need to keep coming to work. We need to keep listening and then to act. We need to have empathy. We need to walk our own talk… Healing comes from living within the teachings and ceremonies. All of our programs are based on respect, for ourselves and for others. We also need rites of passage ceremonies to safeguard young people as they enter the second stage of their lives.

Squamish
Other approaches besides talk-based therapeutic approaches are important to include in the repertoire of strategies used. Some of these include breath integration work, cultural activities, an art-based approach, and fun-orientated social activities. All of these (and many more approaches) can be effective in combination with more conventional approaches.

Eskasoni
We go right into homes. Mi'kmaw speaking staff work closely with all the family members. The whole family is considered to be "in the program" – not just a troubled teen or struggling mother. We involve aunties and siblings and elders in supporting the new behaviors we are trying to instill. We may go into a household three times a week. Sometimes we take over family management for a few hours and model new behaviors. We provide help and guidance (for example, parenting approaches). Sometimes we bring a problem person in for counseling and gradually reintegrate him or her back into family life. Mom and dad may be in counseling with different counselors than children or youth. But we do case conference, so we have a coordinated view of the whole process. Lots of times, someone just needs physical help. People are poor. They have no phone, no vehicle and sometimes for a single mom, the pressure is just too much. They can call their worker and we will help drive them to

the store, or just stop over and have a talk. Being there for people – really being a friend and support – is an important part of what it takes to help a family heal.

PART FIVE: LESSONS ABOUT HEALING AND THE HEALING JOURNEY

The lessons learned about healing in Aboriginal communities can be summarized in the following way:

- *Healing is possible for individuals and communities. Both appear to go through distinct stages of a healing journey.*
- *The healing journey is a long-term process, probably involving several decades.*
- *Healing cannot be confined to issues such as addictions, abuse or violence.*
- *Healing interventions and programs have most impact when they take place within the context of a wider community development plan.*
- *Community healing requires personal, cultural, economic, political, and social development initiatives woven together into a coherent, long-term, coordinated strategy.*
- *Such a coherent strategy requires integrated program development, funding delivery and on-going evaluation.*
- *Healing is directly connected to nation building. At some point, there needs to be a merger of program efforts between community healing activities and movements towards self-government and community development.*

What is Healing?

1. Healing is a developmental process aimed at achieving balance within oneself, within human relationships and between human beings and the natural and spiritual worlds. It has to do with choosing to live in harmony with the basic values and teachings that are at the core of all Aboriginal (as well as other) cultures. "Healing" actually describes a wide range of initiatives, impulses and efforts happening at the levels of the individual, the family, the community, organizations and institutions and the nation.

2. The concept of healing in Aboriginal communities focuses on well-being rather than on sickness. It focuses on moving the population toward wholeness and balance. It includes all levels of the community from individual to nation, and embraces politics, economics, patterns of social relations and the process of cultural recovery. To those schooled in the abstracted disciplines of Euro-Canadian universities, such broadened definitions seem to include everything and therefore seem to mean nothing. The important point that Aboriginal people keep making is that their way of life—which was an

integrated *system* of many dimensions—was taken away and if healing doesn't mean restoring some form of life that can support human well-being, then what does it mean?

3. There are two distinct impulses within the community healing process. *"Healing as recovery"* essentially involves moving away from the pain and suffering experienced by a community in crisis. *"Healing as wellness"* involves moving towards and maintaining healthy patterns of life.

4. The healing journey may well take generations. It took generations for many communities to internalize the pain and trauma they now carry and it may take generations to move past them. Healing is possible, however, and although there will always be a need for programs to help people heal from the pain and suffering which is an inevitable part of life and to learn skills for healthy living, the type of intensive healing work which is now required will not necessarily always be needed. Currently, there are some special situations (such as the legacy of residential schools and years of colonialism), which require intensive healing work. In time this work is likely to shift from recovery to rebuilding new patterns of life.

5. *Healing as Decolonization.* At this point in history the healing journey has a lot to do with overcoming the legacy of dependency and dysfunction that are the result of decades of colonization, missionization and residential schools. The term "healing" refers to restoring human and community integrity and well-being that were destroyed by the aftermath of such historical trauma. It is certainly not confined to the restoration of mental health and the ending of dysfunctional behaviors such as abuse, addictions and violence, though it does, of course, include these things. Those working on the front lines of it sometimes describe community healing as "decolonization therapy".

The Community Healing Journey

1. The healing process seems to go in cycles. There are periods of great movement and apparent growth and periods of stagnation and retreat. This is true of any learning endeavor, from an individual mastering a new skill to an organization reorienting itself around new principles. It is very important for those leading and supporting healing to understand the learning process. Often what seems to be stagnation and retreat is actually a plateau on which important consolidation and learning takes place. The periods of rapid growth are invariably preceded by long periods where "nothing much happens." Learning how to track these cycles is an important step in itself so that people can gain an appreciation for the type of work that must be done at the various stages of the journey.

2. Periods of rapid growth and development are often triggered by a crisis of some sort. If properly managed, such crises can create opportunities to mobilize people for rapid learning and coordinated action. Once the crisis loses its edge (either because the issue is dealt with to a significant extent or because

people become discouraged, apathetic, bored, etc.), the healing process can really bog down as well. Because the healing work has become organized around a series of crises, it can be very difficult to shift gears in order to take advantage of new opportunities to mobilize the community to take responsibility for its problems.

The Individual Healing Journey

1. People can heal, change, learn and grow. There are inspirational and effective leaders of healing processes nationwide who are a living testament to the possibility of transformation. Program initiatives across the country clearly demonstrate the life-altering power of engaging individuals (no matter how unhealthy they may be) in a long-term, systematic transformation process leading from dysfunction to wellness.

2. The personal and community healing journeys go hand-in-hand. The leaders of the healing movement have to pay careful attention to their own wellness or they will not be able to work effectively in their communities. At the same time, progress with the general wellness levels in the community gives the leaders the courage to continue and eventually the human resources they need to build on.

3. It is not possible to talk about "healing" or the "healing journey" in one simple definition. We can talk about the attributes that someone acquires through personal healing. For example, healthy people do not need to control others, are not crippled by fears from the past and have gained skills to look after themselves. They have strong confidence and self-esteem, respect themselves and others and can listen to what others say about you without taking it inside.

4. It is also possible to talk about healing in terms of the medicine wheel. Healing involves the whole person—body, mind, spirit and feelings. It involves the whole individual, the whole family, the whole community and the whole nation. It involves the whole cycle of life from childhood, to the time of youth, to our adult years and to eldership.

5. People only begin their healing journey when they are ready and that is often when they hit bottom. At this point, when they are in danger of losing something (i.e. their freedom, their relationship, their children, their job), people are ready to work. We have to be ready to work with people when they are ready (not in our time frames and on our terms).

6. Every recovering individual needs to have a dream (i.e. a vision and a plan) that lays out a pathway to a better future. The dream grows as people go further on their healing journey. For some the dream may entail getting more education and training. For others it may mean having access to credit or investment dollars. For still others, it may mean building viable partnerships or obtaining needed support and approval from the community leadership.

Elements of the Healing Journey

1. Many different healing methods and modalities have been tried in communities. The lessons, both from community experience and the literature, is that there are many ways that are of value. Nothing works all the time or is appropriate for everyone. Body therapies, breathwork, spiritual healing, energy work, individual and group counseling approaches (of which there are more than 200 different documented forms), participation in traditional healing ways, participation in religious activities, recreation, skills training, arts and music, support groups, relaxation techniques and mind/body practices all have something to offer. Skilled helpers in communities are aware of the multiple entry points available and are able to guide different people to a modality that will be helpful for them.

2. A major piece of the healing journey is understanding the past. What happened to us? What choices did we make that led to the layers of hurt? What was done to us? What did we lose? What did we use to have that we need to recover or rediscover?

3. "Forgiveness" is a controversial concept, given the justice-related issues connected to the legacy of residential schools. Nevertheless, forgiveness is an *essential* part of healing. Unless people learn to forgive (not forget), they are still holding onto feelings that hurt them. The healing journey requires taking full responsibility (as individuals, families and communities) for the work that needs to be done to overcome that legacy.

4. Often it takes a crisis (such as a disclosure of abuse on the part of a prominent person) to help the community overcome its denial that a problem exists and to recognize the need for healing.

PART SIX: LESSONS ABOUT SUPPORTING THE HEALING PROCESS

The Role of Leadership

1. Leadership for healing normally comes from one of three sectors: grassroots community members, professional agencies and departments, or political leadership. Eventually, as communities heal, all three sectors become engaged.

2. A community's healing journey is often initially catalyzed by a small group of people who devote themselves to this work over a period of many years, frequently at great personal sacrifice and with very little recognition. In many communities, women have been the real backbone and catalyst for the healing work.

3. The participation and support of political leaders is a critical piece of the healing journey for communities. When it is missing, the healing process seems to limp along or lose momentum. The control over several important prerequisites to community healing resides within the governance system and leadership patterns of the community.

   a) Leaders seem to have the power (perhaps granted to them by a passive population) to stop healing processes if those processes appear likely to pose a threat (such as shedding light on past or present abuse or corruption).

   b) Leaders are carefully watched and they set the tone of approval and encouragement or disapproval and discouragement for healing. Those who are in the early stages of their healing journey are especially vulnerable to influence by leaders.

   c) Leaders have the capacity to manage the community's program resources (money, people, energy) well or poorly. The result can be a coordinated and sustainable effort or the dissipation of valuable resources and opportunities.

   d) There is a fundamental need to plan for healing and development over the long term. Unless leadership leads in insisting that this comprehensive planning work take place, it is unlikely to happen.

4. Support from the community's political leadership makes a big difference. It validates the importance of the healing work, it helps channel resources for healing work and it empowers people. Some of the critical contributions leaders make to the healing process:

   a) Role modeling healthy patterns in their personal and professional lives;

   b) Visibly supporting community healing initiatives and demonstrating their importance by showing up;

   c) Listening to the people and encouraging them when they achieve small successes; and

   d) Building opportunities, programs, policies and systems to help people in their healing journey.

5. The leadership of elders is critical. A small group of elders can create a powerful movement for healing in a community if:
   a) They build a circle of trust and unity among themselves;
   b) They start with their own healing;
   c) They develop a vision of the kind of processes and outcomes they want to see happening;
   d) They persevere, even if it takes years;
   e) They get the right people to help them;
   f) They build on their successes, baby step by baby step;
   g) They step into the role of traditional elders by assuming moral authority and by offering their services in ways the community can learn to trust; and
   h) They set up a code of conduct for their members and use their own circle of elders to protect the integrity of the elders initially by supporting and if need be, counseling and challenging their own members.

Creating Organizations and Building Community Capacity to Support Healing

1. A very important step occurs when the community healing process becomes consolidated through a defined program with a paid staff, financial support and recognition by the community's political leadership. Volunteers, who are often personally supporting activities from their own pockets, simply cannot carry the scope of the work that needs to be done forever. It is also important for the community to take ownership of the healing work by dedicating resources to it and making healing an integral part of the ongoing life of community programs.

2. At the same time, this step has its own dangers. The healing process is at risk of becoming just another service that people expect to have delivered to them. In this way, people shift responsibility for the community's wellness to a group of "experts" who will take care of things. Healing is not something that can be delivered to people, it is something that requires the active involvement of the whole community. Healing grows from the inside out. It is easy to fall into the trap of becoming a "program" which provides certain services for people. But this way of operating can reinforce the dependency thinking underlying other community problems.

3. The inadvertent adoption of a "program mentality" is actually a very common outcome when communities try to systematize healing processes. Once you have a program with funding, employees, reporting schedules, etc., you quickly become part of the status quo. There is a tendency to lose sight of the original vision and to do everything you can to justify the continued existence of the program you have worked so hard to

create. The key development challenge at this stage becomes learning how to constantly renew and revitalize the core of the healing process, at the same time as you are building structures (such as programs) which allow the healing work to continue. This is by no means easy, since many of the systems (e.g. the political system, the health system and the education system) within communities are themselves out of balance. The healing process must be able to continually question the status quo and maintain its transformational edge.

Collaboration and Participation

1. As programs become more established and professionalized, it is important to maintain community participation. Programs that do not pay close attention to this often run into difficulties. A key element of a healing program's work is to build and maintain community understanding and involvement in the healing work.

2. It is very difficult to maintain integration between all the programs and departments devoted to social development within the community. The tendency is for people to retreat into their own departments. Although a healing program may begin as an inter-agency collaboration, the tendency is for it become viewed as an independent program. This trend has had a detrimental affect on the healing work in communities, but many front-line professionals don't seem to have both the energy and the particular skill set required to maintain an inter-agency collaborative focused on the healing work. Often the missing element is leadership.

3. The more a community is able to maintain inter-agency unity in its vision, planning, program delivery and evaluation, the more consistently and effectively it is able to support healing initiatives. In practice, this capacity seems to develop in conjunction with the overall healing process.

4. The community core group that dedicates themselves to the healing work can benefit a great deal from the right type of support from the outside. They need to see models of what can be done, they need support to learn self-confidence and new skills and language to facilitate healing processes and they need validation and recognition from outsiders who see what they have accomplished.

PART SEVEN: LESSONS ABOUT OBSTACLES AND ON-GOING CHALLENGES

Internal Community Obstacles

1. Many healing-related workers in Aboriginal communities feel *very* isolated and beaten down by low wages, low levels of influence with senior program leaders, politicians and a tremendously heavy workload. The pressures of never-ending client demands, too little money, too few staff, not enough time (ever) and the feeling of being overwhelmed drains the energy of those on the frontlines. What sustains them is the knowledge that they are making a real difference; i.e. that people are healing (in part) as a result of their efforts. But the burnout rate is appalling.

2. For some communities, alcohol abuse is still a serious problem. Health Canada and the Aboriginal Healing Foundation seem to have turned their attention to other issues, such as physical and sexual abuse. Unfortunately for a very significant number of communities that have not progressed a great deal on their healing journey, alcohol and drug abuse are still the most debilitating front and centre challenge to community wellness. Until this problem is effectively addressed, it is likely to be difficult, if not impossible, to make progress on other key wellness-related areas.

3. Getting agencies with different mandates and different funding to create a common vision and to work together is no small accomplishment. Part of the reason inter-agency committees are difficult to sustain relates to the wellness levels of the people who work on them. In fact, it's a bit of a "catch-22" problem. The agencies, in collaboration with each other, seek to engage the community in processes of recovery and development. But the people working in the agencies are often themselves in need of healing and have collectively created a working culture that mirrors the dysfunction of the community they are supposed to be helping to heal. Building healthy organizations that model love, forgiveness, unity and mutual support amongst staff is of the utmost importance, because only such a healthy circle of people could hope to bring that kind of wellness to others.

External Structural Obstacles

1. The current Indian and Northern Affairs Canada chief and council system has been identified by every community taking part in this study as a part of the sickness that needs to be healed. The current (externally imposed) system creates disunity and division among the people, reinforces an inherent exclusion of the people from the organic process of governance and reinforces corruption and the mismanagement of community resources. From this perspective, governance development is healing.

2. Under the current political and economic system within which Aboriginal people are forced to live, there exists a set of built-in obstacles to sustainable healing that are likely to push subsequent generations of Aboriginal people back into patterns of dysfunction (such as addictions, abuse, etc.) even though a previous generation worked very hard to eliminate those patterns.

Funding Challenges

1. Under the Indian and Northern Affairs Canada system, band leadership especially from smaller poorer bands have little to no room to maneuver in terms of having financial control of their own affairs. Money is tightly regulated and councils do not have much discretion to spend the way they feel spending is needed. Virtually every dime of government funding is tied to specific programs that are largely prepackaged by Ottawa. Meanwhile, healing programs are overwhelmed with the pressure of impossible workloads and there is "no money" to spend on providing the resources that are really needed.

2. Under the current structure of funding related to healing, it is extremely difficult for communities to move beyond a crisis mode into sustained long-term healing and development. The fundamental problem is that almost all available program dollars focus on single or narrow sets of issues and are, by definition, short term.

3. What is needed is funding that encourages and supports comprehensive long-term planning and action. Such funding must address *both* healing as recovery (crisis intervention) *and* community health development (i.e. building healthy people, healthy relationships and families, healthy organizations as well as a healthy community and nation). Such a holistic, comprehensive, long-term and coordinated approach requires sustained, integrative leadership over a period of years. The organization that provides such a leadership needs sustained core funding (not just project funding) that will enable that organizational team to invest sustained energy into building the capacity of *the community* to heal itself and to promote its own development.

4. The lack of common vision, goals and collaborative strategies across programs in communities in recovery dissipates the impact of the available funding for social programs. Duplication, mismanagement and large gaps in

services render ineffective what should be an adequate investment.

5. Like many other social development programs in Aboriginal communities, healing programs tend to be under-funded and under-staffed. There simply are not enough resources to go around and staff is working too many hours for too little pay. Too much time has to be spent looking for resources and accounting to a variety of funders, each with their own criteria and reporting requirements, some of which are very onerous. This state of affairs has slowed down the healing work in communities. It is important for these programs to be taken off "soft money" and to be assured a stable base from which to operate.

The Youth Crisis

1. There is a crisis amongst Aboriginal youth and it seems to be growing. Many communities observe that a generation has gone through a journey of healing and recovery, only to find that the next generation of youth appear to be even more deeply entrenched in crisis and addiction than their parents were.

2. There is general agreement that the problem is growing out of control and there are few available models of comprehensive strategies that address youth development within communities.

3. Often the youth are the first to step forward and ask for change and it is their mothers and other women who then have the courage to address the issues that are causing their children to suffer.

4. Community healing must involve extensive work with the children. Focusing only on adults results in a much healthier adult population who inevitably will have to struggle to help their own children to even *want* to address their healing issues. *If the goal is to heal the nation, it is critical to invest heavily in healing the nation's children.*

PART EIGHT: LESSONS ABOUT HEALING AS THE REBUILDING OF NATIONS

Linking Healing and Economic Development

1. *Healing is inseparable from social and economic development and nation building*. While everyone knows this intellectually, in practice in most communities there has been a functional separation between healing activities and the work of political development, economic development, housing and even human resource development (training and education).

2. This orientation constitutes a new emphasis in perspective within the Aboriginal "healing community" across Canada in the past few years. During several previous national studies conducted by Four Worlds, there were always a few people in every community who made vague references to the linkages between healing and community development, but now those linkages are front and centre in everybody's minds. While in the past there was always a conceptual divide in many communities between those who advocated for economic development as a solution versus those who advocated for healing as a solution. Now many leaders of thought in community healing are saying that economic development and political reform *are* healing and need to be actively pursued as part of the healing agenda.

3. The economic dimension and particularly the addiction many communities have to the welfare system, needs to be included in our analysis of community healing. There are direct and fundamental relationships between the lack of productive work opportunities, structurally enforced poverty and hopelessness on the one hand and the capacity individuals and communities have (or don't have) to move beyond patterns of hurt and dysfunction into constructive processes of development on the other hand. When people have enough income to meet their basic needs with dignity and can participate in society without shame, some of their pressing healing issues are being addressed.

4. There is a critical need to greatly expand the stable funding base of the healing movement. One way to do this is to link healing directly to economic development by working with those in recovery *to create businesses that provide a living wage to workers and a steady income (i.e. the profits of the business) to healing program.*

The Need to Transform Structures and Systems

1. What is needed is the creation of an integrated holistic *system* that provides critical pathways for healing, personal growth and learning, leading to a significant improvement in the social, economic and political life of the person, the family and the community. In other words, as individuals become more healthy, there needs to be a range of opportunities opened to them that lead to better housing, greater levels of economic security and prosperity. As well as a significant increase in the capability (i.e. power and capacity) of the person to participate in planning and creating the future.

2. "Healing" needs to go (conceptually) far beyond ending hurt and dysfunctional patterns. It also needs to include building a new pattern of life that is healthy and pursuing visions and dreams of possibility. In so far as healing is restoring balance to a people and society that were thrown out of balance by what happened to them in the past, then that restoration must go far enough to return the people to a form of life that extends beyond meeting the basic minimum requirements for survival. *"Healing as restoration"* must also mean creating the conditions within people and their society that will support and enhance the realization of human potential.

3. *Planning Recovery* – Healing is much more than an individual journey into sobriety or personal wellness. It is the rebuilding of a nation. You don't rebuild a nation without systematic long-term work. You need a plan. A *National Reconstruction Plan* should address a number of levels simultaneously:

    a) The dreams and aspirations of individuals;

    b) The transformation of the current political system;

    c) The development of a sustainable economic foundation;

    d) The recovery of language and culture; and

    e) The preparation of future generations of children (to name a few important areas).

4. *The creation and implementation of such a comprehensive plan requires resources and sustained support over a number of years*. The attempt by some to limit the definition of "healing" to exclude almost all of the above (in the interest of restricting legal liability) is extremely troubling and problematic when viewed from the standpoint of nations in recovery.

5. If recovery doesn't mean gaining back all of those collective capacities that were lost (i.e. taken away by the process of residential schools) then what does it mean?

The Role of Spirituality and Culture

The renewal of spirituality in general and indigenous cultural forms of spirituality in particular, is very central to the healing journey for most Aboriginal communities. When communities have been forcibly separated from their own spiritual roots for a long enough time, a lack of vision and coherence at the core of community life tends to make it difficult for the people to "see" any pattern of life for themselves other than the one in which they are currently enmeshed. On the other hand, it has been clearly demonstrated that rekindling spiritual and cultural awareness and practices can greatly strengthen the coherence and vitality of a community healing process.

Stage 1: The Journey Begins

The healing journey of individuals often begins when they come face to face with some inescapable consequence of a destructive pattern or behavior in their life or when they finally feel safe enough to tell their story.

They may have spent a significant part of their life unaware or denying that the pattern is destructive or may have believed that the rewards of the behavior outweighed the costs. But here they are (in jail, facing other legal consequences, pregnant, their spouse leaves, fired from work, tired of living this way, losing their kids, someone close dies, a spiritual awakening, being confronted, etc.) with some desire to change the way things are. The answer must be to stop the behavior. At this point people often enter some kind of treatment/therapy/support group or they may do it alone. Either way, the healing work remains the same. Often people make many attempts to start their healing but retreat again into denial and pain. When the threat of consequences outweighs the fear of opening up and trusting others or when people feel "sanctuary" (i.e. a sense of safety) in the relationship they develop with those working to support their healing then the journey can really begin. Usually the first steps involve telling their story, at first just to get it out and later to understand how the story is related to the pain and dysfunction in their lives.

It can be very hard to stop the behavior. The consequence of stopping may appear worse than continuing. People may go through many cycles of relapse and recovery. They may become stuck in this cycle for years – even a lifetime. The cycle will continue until they address the primary driving forces that gave rise to and maintain their patterns of dysfunction and addiction. There are two main reasons for this.

1. Substance abuse is usually a whole lifestyle and most addicts are part of an addictive sub-culture. Whether addicts get involved with the substance and then progress to the lifestyle or gain a sense of belonging within the sub-culture and find that substance abuse is the price of entry, their lives become oriented around a culture of addiction. Within this addictive sub-culture, the addicts' basic human needs are met – albeit in a way that has very high costs. Their friends and family, their group membership and sense of belonging, their activities, their daily routines, their diet, their social role, their sense of purpose and order, their dress, their language, their sexuality, their rituals, symbols and music, their livelihood and much more are shaped by the addictive sub-culture. Their whole world and identity are bound up with it. "Quitting" is like trying to get out of a moving vehicle. Treatment is not simply competing with the intoxication experience; it is required to provide an alternative pattern of living. Many people learn this the hard way when they return home from treatment centres.
2. Once the addictive behavior is stopped, traumatic feelings and fearful consequences often surface. Feelings of shame, worthlessness, anger, rage, grief, loneliness, guilt, depression and sadness may have festered and built up for years. Once addicts "quit," they become aware that such feelings dominate their inner landscape. They are likely to face terrifying ordeals – confronting abusers, being confronted by victims, accepting one's inner nature or

calling, taking responsibility for one's life. They may have no effective coping strategies to replace the addictive behavior itself. A vicious cycle can ensue in which the addiction is used to treat the symptoms brought about by the withdrawal from addiction or just the complexities and stresses of daily life itself.

The healing journey seldom means returning to a previous healthy life. It is a rite of passage which requires a separation from the old identity, a period of learning, guidance and support and the forging of a new identity, new patterns of life and new relationships.

Stage 2: Partial Recovery

At this stage individuals have mostly stopped their addictive behavior, but the driving forces that sustained it are still present.

At this stage the journey involves struggling to uncover the roots of trauma from the past that caused the pain and dysfunctional behavior. It can be slow and painful work, but it can also be tremendously exhilarating. While the recovery is precarious, people often experience enthusiasm, excitement and renewed energy. They are doing something with their lives. They make discoveries about themselves. They may join new communities within which they gain acceptance and which rewards them for participating in the healing process. A new vision of possibility emerges. During this transition stage people need a lot of support. Many become involved in healing communities of some kind, whether they be therapeutic (such as A.A. or community treatment programs), religious (such as a church group) or focused on traditional cultural ways. These groups often meet many needs that were previously met by the addictive lifestyle and people may fully and wholeheartedly immerse themselves in this new "culture" (in some cases for the rest of their lives). The culture of recovery replaces the culture of addictions.

Stage 3: The Long Trail

Once someone has reached a hard-won sense of stability, it takes a great deal of courage, discipline and motivation to continue in the healing journey.

The momentum begins to wear off, the length of the journey becomes apparent, support may drop off ("she's just obsessed with healing!"), opposition may be encountered ("Why can't she just let sleeping dogs lie?") and there is life to get on with. Many people stop doing the healing work once the pain becomes bearable or once life seems manageable. This can be a dysfunctional stability where the old behavior is no longer dominant ("I'm sober") but the consciousness that generated it still exists. It may come out in what seems to be less drastic or destructive ways. It may manifest in unhealthy and compulsive relationships with people, work, food, tobacco and gambling.

Ultimately, this stage is about developing a new identity and life pattern. It may be long, slow work. There may be long periods of stagnation, enlivened by periods of growth and change. There will be many mistakes made, many lessons to be learned. New strategies and patterns will be tried on. Some will fit and some won't. Each person must find his or her own way through.

It is hard to walk this path alone. There are many things that can help a person to keep going: renewal experiences, supportive community, guides and mentors, participating in a disciplined

path (such as traditional ceremonial cycles and activities) and on-going education. Much of the work is invisible because a person is building new foundations, putting down new roots.

Stage 4: Transformation and Renewal

Ultimately the healing journey is about the transformation of consciousness, acceptance and spiritual growth.

At this stage of the journey, it is no longer about dealing with the demons of the past. It becomes an attraction to a higher vision. There is a conscious determination to build one's life and community around life-enhancing principles (spiritual laws, original teachings, healthy virtues, etc.). There is a conscious articulation of the vision that motivates and draws you. The experience of the hurt self diminishes and the experience of universal self grows. As one's consciousness becomes more fully aligned with life-enhancing principles, one's outer life also naturally goes through profound changes. New relationships emerge. New pathways of expression and of service to the community become important parts of an emerging pattern of life. At this stage it often happens that people no longer need the "culture of recovery" and so participation in "healing" activities declines. Nevertheless, the self-centered focus of addictions has been replaced by a much more outward-looking orientation to serving others and a personal identity of dysfunction is replaced by a much richer, deeper identity anchored in culture and community.

Background

In our consultations with the six partner communities, and drawing on knowledge and experience from many other communities, it became clear that the community healing process also seems to go through distinct stages or cycles. Four distinct stages were identified:

Stage 1: The Journey Begins (Thawing from the long winter)

Stage 2: Gathering Momentum (Spring)

Stage 3: Hitting the Wall (Summer)

Stage 4: From Healing to Transformation (Fall)

Taken together, these stages form one type of "map" of the healing process, which can be useful both for understanding the current dynamics of the community process and determining future actions and priorities. It must be stressed at the outset that these stages are only approximate models of complex real-life events. They are not "the truth" although there is truth in them. They also do not take place in a linear way. They are more like ripples unfolding in a pool, where each new circle contains the previous ones. Following a review of this model by the six partner communities, it should be stressed that the cycle identified here could just as easily begin in the spring. The important thing is that it is a cycle.

As each stage progresses, those involved further develop their understanding and power to transform existing conditions. This development is primarily driven by a dynamic cycle of action and reflection that generates learning.

STAGE 1: WINTER - THE JOURNEY BEGINS

This stage describes the experience of crisis or paralysis that grips a community. The majority of the community's energy is locked up in the maintenance of destructive patterns. The dysfunctional behaviors that arise from internalized oppression and trauma are endemic in the community and there may be an unspoken acceptance by the community that this state is somehow "normal".

Within this scenario one of two things may happen:

1. Key *individuals* begin to question and challenge the status quo, often making significant shifts in their own lives. Their personal journey is often characterized by service to their community as they begin to reach out to other individuals to provide mutual support and

initiate healing and crisis intervention activities. These activities often are undertaken at great personal sacrifice and they frequently encounter intense and very real opposition from within the community.

2. Another starting point is the program route, in which *existing programs and agencies*, often frustrated with their inability to affect the scale of the crisis they find themselves dealing with, begin to work closely with other allies in the community to develop a wider strategy. Often interagency groups are formed and begin planning collaborative interventions and initiatives.

Both starting points lead to similar effects. "Healing" begins to make it onto the community agenda. Core groups begin to form that are oriented around health, healing, sobriety, wellness, etc. and these groups begin to lay the foundation of an alternative reality, often with significant support from outside the community in the early stages. Another key source of support and inspiration at this stage are key elders who have kept the cultural ways alive.

What is driving this stage?

One or more of the following:

- Dedicated key individuals (often women) responding to their awareness that things are bad and there is an alternative.
- Leaders and staff within programs tasked with addressing the consequences of some part of the "crisis".
- Visionary and courageous political leaders within the community creating an "enabling climate for healing". All three are essentially responding to a particular problem (alcohol abuse, suicide, etc.).

Community consciousness - how is the nature of the situation perceived?

- It is often denied at the community level. Those driving the process often view the key tasks as creating awareness of the need for healing and may be largely focused on the outward face of the problem (e.g. "alcohol is what is holding us back").

What types of action are being taken?

- Personal healing and revitalization experiences, formation of informal core groups and networks for mutual support.

What are the results and indicators of success?

- People begin their own healing journeys. A growing number of people seek help for a particular presenting issue or problem. Success/failure is measured in stark terms (drinking vs. not drinking).

What are the restraining forces?

- Restraining forces, often from within the community itself, ranging from denial of the issues to overt and intimidating opposition directed at key individuals.

What is being learned?

- The mechanics of the individual healing journey are being mapped out and modeled.

STAGE 2: Spring - GATHERING MOMENTUM

This stage is like a thaw, where significant amounts of energy are released and visible, positive shifts occur. A critical mass seems to have been reached and the trickle becomes a rush as groups of people begin to go through the healing journey together which was pioneered by the key individuals in Stage One. These are frequently exciting times. Momentum grows and there is often significant networking, learning and training. The spirit is strong.

New patterns of organization begin to emerge. A recognizable network oriented around healing begins to develop which is legitimized by the community, often with political support. The healing process begins to take visible form as programs and organizations. There is often a lot of volunteer energy at this stage, but professional organizations are also beginning to emerge. The way the "problem" is seen also begins to change. There is a gradual shift from a sickness to a wellness model and the focus begins to move from presenting problems to the underlying core issues and traumas.

There is great hope and optimism at this stage. People have the sense that if enough individuals and families can begin the healing journey, then the "problem" will be "solved". Those driving and involved in the process invest huge amounts of time and energy into the community healing movement. There is still opposition but it is generally overshadowed by the enthusiasm of the healing movement.

What is driving this stage?

- A growing awareness of the scope and scale of the problem within the community. The lid has come off the box and it becomes very hard to put it back on. The

growing momentum makes it easier for people to "get on board".

Community consciousness – what is the nature of the situation?

- The underlying issues (such as residential school trauma, sexual abuse, etc.) that give rise to the presenting problems become recognized and addressing these "root causes" is accepted as a solution.

What types of action are being taken?

- More and more people are going through treatment and becoming involved in programs, services and healing gatherings, etc.

What are the results and indicators of success?

- Increased numbers of people are on a path of sobriety and wellness. There is a growing sense of hope, momentum and transformed vision. People now believe that community healing is possible.

What are the restraining forces?

- There is also a lack of capacity within the community in terms of services and trained service deliverers. The inability of service providers to work together effectively, a lack of available resources, absence of or token political support and resistance to healing by groups within the community all push against the momentum that has been built.

What is being learned?

- The process of individual healing becomes more clearly articulated and a recognizable pathway begins to emerge with local relevance for people to follow.

STAGE 3: SUMMER - HITTING THE WALL

At this stage there is the feeling that the healing movement has hit the wall. Front-line workers are often deeply tired, despondent or burned out. The healing process seems to be stalled. While there are many people who have done healing work, there are many more who seem left behind. There is the growing realization that it is not only individuals, but also whole systems that need healing. There may already be some new initiatives in these systems (education, governance, economics, justice, etc.). In some cases these initiatives appear to become institutionalized and to lose the sense of spark and hope that characterized them in Stage Two. In other cases, while awareness has begun to shift, old patterns of working persist for lack of new (and culturally relevant) models and strategies. The honeymoon stage is over as the community begins the difficult work of transforming deeply entrenched patterns and reconstructing a community identity that was forged in oppression and dysfunction.

There are often a series of paradoxes at Stage Three:

1. Relations with organizations, agencies and forces outside the community are being transformed. There is often far more openness and the prevailing climate has shifted. The availability of outside support is much greater than in the past. At the same time, support and collaboration within the community itself may have actually decreased, as old patterns begin to re-establish themselves and a "healing fatigue" sets in.
2. Just when a significant number of adults seem to have sobered up and regained control over their lives, a new and seemingly worse crisis seems to be breaking out amongst the youth. Youth crime is on the increase. Alcohol use is replaced or augmented by drug use.
3. Many adults seem to have gained new addictive patterns to replace alcohol abuse. Gambling is becoming a serious social issue, along with prescription drug abuse and other self-medicating behaviours. It also becomes apparent that drinking covered up many other things and community secrets begin to emerge. Despite increased sobriety, things actually seem to get worse
4. To those on the frontlines it may seem as if a lot of people have "dropped out" of the healing movement. Many people don't get involved or show up like they used to. At the same time there may be the emergence of a relatively healthy group of people within the community whose energy is focused on their own lives and the lives of the families. No longer engaging in the "culture of addiction" they would rather spend time on family activities and live their lives than be actively involved in the "culture of recovery".

What appears to have been a wall may in fact be a long plateau. One of the characteristics of a plateau is that not much seems to be happening and you don't seem to be going anywhere, but it is actually where the foundation for all future advances are being laid. On reflection, it

is clear that there have been significant gains during this stage. The community norms have shifted; "bad" isn't as bad as it used to be. More people are engaged in positive activities. Capacity is growing within the community as more people access training, education and employment. There is often a cultural and spiritual revitalization that has developed parallel with the healing process, both shaping and being shaped by it.

As Stage Three develops, a new analysis emerges. There is the dawning realization that "healing" alone is not enough and never will be. Healing from the hurts of the past does not build the future. There is growing awareness of the need for decolonization (of thought patterns and structures) and the need to address structural obstacles to development, such as Indian and Northern Affairs Canada rules, racism, poverty, etc. The realities of the economy of scale become apparent. There is only so much you can do as a small community to address such things by yourself.

What is driving this stage?

- The organizations and initiatives that have grown out of the previous stage. Healing becomes increasingly institutionalized as professional capacity develops within the community - a key challenge becomes maintaining community participation. Also driving the process (although not necessarily overtly) are the agendas of funding agencies that provide the material support for healing initiatives.

Community consciousness – what is the nature of the situation?

- Complex and competing patterns of analysis emerge and people rarely stop for long enough to take a hard look at the current situation. Feelings of despondency and frustration exist side by side with a realization of progress being made and a nagging question: "Is this as good as it gets?

What types of action are being taken?

- Specific program initiatives develop and there is increasing control over programs and services that affect community life. Increasing numbers of community members become trained to develop and run initiative and expertise grows.

What are the results and indicators of success?

- There is an increase in community participation in and support for healthy activities.
- The climate has shifted such that negative behaviours (such as public drunkenness, family violence, sexual assault) are no longer tolerated or considered "normal".

assault) are no longer tolerated or considered "normal".

- Public policy (i.e. local band government rules and practices) has shifted toward legitimizing healthy standards of behaviour and supporting and enabling healing efforts.
- New programs and services now exist to support individual and family healing.
- More people are seeking out education and training opportunities leading to self-employment.
- There is a greater awareness and acceptance of traditional cultural values and a stronger tendency to incorporate traditional approaches into community initiatives and activities.

What are the restraining forces?

- Few viable models exist for how to work holistically and community agencies are hampered by an inability to work together.
- Funding comes in isolated pockets and may require considerable energy and creativity to harness to the community healing agenda or there may simply be too little funding for too short a period with too onerous a set of strings and reporting requirements attached.
- There is pressure to "produce results" rather than reflect and refine approaches.
- Dealing with the pain and suffering of community members day after day, begins to weigh on front-line workers and key volunteers, draining their energy and vision.
- Political agendas and in some cases corruption and other networks of vested interests, may oppose the momentum for healing.
- Old tensions, conflicts and habits that were put aside during the excitement of Stage Two re-emerge at this stage.
- Momentum and support for healing slows once a dysfunctional stability emerges and once the overt crisis is over.
- New forms of social problems emerge, especially amongst the growing number of youth.

What is being learned?

- There is a great deal of individual learning, training and skill development going on. A key challenge is that learning often does not make the shift to the level of the whole institution because time is not taken to reflect on and apply the considerable learning that has taken place.

STAGE 4: Fall - FROM HEALING TO TRANSFORMATION

In Stage Four a significant change in consciousness takes place. There is a shift from healing as "fixing" to healing as "building" as well as from healing individuals and groups to transforming systems. The sense of ownership for your own systems grows and the skill and capacity to negotiate effective external, reciprocal relationships develop. Healing becomes a strand in the nation-building process. Civil society emerges within communities and the Aboriginal community at large and a shift of responsibility begins to take place. The impetus for healing moves from programs and government to civil society.

The leaders of the healing movement in Stage Two are now entering a new stage in their own lives. They are approaching elderhood and their analysis and vision has matured and deepened. They have shifted their focus from putting out fires to building new and healthy patterns of life and their own families and networks often begin to significantly reflect such new patterns. A search begins for new partnerships, alliances and support for addressing larger scale issues.

What is driving this stage?

- The realization of the limitations of current approaches, the growing participation by community members in the wider economy, the increased interconnection of the Aboriginal community, the shifting macro-political agenda and wider socio-cultural forces (e.g. increased urbanization, youth culture, the Internet, etc.).

Community consciousness – what is the nature of the situation?

- A shift to a systemic analysis and from "healing" to nation building and transformation

What types of action are being taken?

- Networks and alliances with other groups, increased community take-over of programs and services, design and delivery of locally relevant training, conscious modification of mainstream programs to fit local needs.
- Community economic development ventures now being used to partially fund community development initiatives.

What are the results and indicators of success?

- Increased control over and responsibility for the fundamental patterns that shape community life.

What are the restraining forces?

- The scale of ongoing effects of trauma and suffering amongst community members, "siphoning off" of competent leaders into industry and government, political systems that continually maintain division and disunity within communities. Government systems not only haven't caught up with the level of holistic analysis increasingly understood by communities, but existing policies and rules are geared to maintain dependency and external decision making.

What is being learned?

- Learning like healing is constantly evolving and is dependant upon experience. (The story is still unfolding...).

PART ELEVEN: RECOMMENDATIONS FOR COMMUNITIES IN RECOVERY

In this section we present general recommendations that arise from our observations and findings. Some of the recommendations are directed at communities in recovery and are focused on ways of accelerating and embracing the community healing process from within. Others are aimed at the outside supporters of community healing such as funders, technical assistance providers, program designers and policy makers.

Recommendation 1 - Shift Toward Building Volunteer Capacity

Healing as a technical and professional undertaking that requires advanced certification and professional supervision has tended, in many communities, to overshadow healing as the community's own responsibility and healing as the inside-out work of community members and community organizations. This has led to a growing dependency on professionals and agencies to somehow be the solution to the problem of community healing.

The reality is that there are never enough highly trained counsellors and professional facilitators of healing processes (and there never will be). There are simply too many people in need of healing and stable and reliable funding is increasingly in short supply.

"Burnout" of existing front-line workers due to impossible workloads and the difficulties (in many Aboriginal cultures) of maintaining professional boundaries is also a serious problem.

We recommend that what is needed is a conscious shift toward building the capacity of community people (i.e. volunteers) to lead and sustain the healing work. This requires a shift in professional program focus from professionals as the sole providers of healing services, to professionals as capacity builders of key community volunteers and as providers of support and backup to volunteer counsellors, especially related to difficult or advanced healing problems.

Recommendation 2 - From Crisis Response to Building New Patterns of Life

The term "healing" is often used to refer to repairing damaged people recovering lost capacities and releasing blocked potentiality. As such, it is fundamentally a re-active response to the impact of trauma. But "healing" per se is not enough. You also have to build new patterns of life; i.e. new pathways that lead to sustainable well being and prosperity. This part of the work could be called "wellness" or more broadly, "human and community development". **We recommend that Aboriginal communities in recovery consciously shift a significant portion of what professional community workers do every day from responding to crises and guiding recovery to community development (i.e. to the work of building new patterns of life that people in recovery can enter into).**

This approach can involve proactive work related to adult education and training, economic development, political reform, youth development, housing or many other lines of action. The practical problem this recommendation contains is that no one can be an "expert" in so many different fields. Making this shift will require that agencies working in the healing and wellness fields build constructive partnerships with other community programs and professionals.

Recommendation 3 - Comprehensive Community Healing and Development Plan

Community recovery is a long journey and the road is very complex and difficult to navigate without a map.

One of the single most powerful steps a community can take is to make a comprehensive Community Healing and Development Plan. The process of making such a plan requires that broad- based community consultation takes place and a consensus developed on "the community we want" as well as on the steps needed to get there. Such a planning process itself contributes to healing as communication lines are opened and a sense of common purpose is created. A well-made plan describes a vision of what a healthy community will be like in many dimensions of life (personal, cultural, social, economic, political, etc.).

It also contains elements such as:

- *The community story* - How we got where we are now and how the past became the present.
- *Situation analysis* - examining the reality and the roots of what needs to be healed, learned, changed and build.
- *Specific goals and objectives* - to reached through community work
- A description of the *lines of action and resources* needed to reach the goals.
- *Indicators* - of wellness that can be used to measure progress.

A comprehensive (5 to 10-year) plan is a critical tool for community leaders to use in weaving together an effective strategy for community improvement. It identifies solutions, describes creative linkages between various programs and describes the capacity building and technical support needed to assist the community to get where it is going.

We recommend that every community in recovery make a comprehensive (5 to 10 year) community healing and development plan. There are many tools and frameworks that can be used, such as participatory rapid appraisal (PRA). The framework we recommend is called the Community Story Framework, which is based on the Medicine Wheel. This tool has been used in many community-planning processes across North America and around the world and has proven itself to be extremely effective in the Aboriginal context.

Note: The Community Story Framework tool can be obtained from the Four Worlds Centre for Development Learning at P.O. Box 395, Cochrane, AB, T4C 1A6. The framework is reprinted in "Recreating the World: a practical guide to building sustainable communities" by Michael and Judie Bopp, Four Worlds Press, 2001, ISBN 0-9688233-0-0.

Recommendation 4 - Community Wellness Report Cards

Community Wellness Report Cards are an effective way of holding a mirror to the community on a regular basis (such as quarterly) regarding wellness conditions, healing challenges and progress made.

If the analysis going into preparing each report card is done by a core group of community people who are working closely with the community wellness process, it will serve as an ongoing evaluation of work in progress, as well as a strategy for raising community awareness and ongoing community interest in supporting the ongoing work.

A typical report might contain information for a three-month period such as represented on the following page.

This sample report card only shows one way of doing it. The important things to report about are issues on which the community is now working or needs to be working. So if youth violence or bullying is a problem being worked on, there should be a question about that.

Instead of numbers, a graph or a chart showing ups and downs in levels might be a good way to report.

We are well aware in making this recommendation that no adequate tools now exist to help communities measure and report on indicators they may choose to put before the community. We also recognize that each question presents a problem in terms of how to get an accurate measure.

Nevertheless, we feel it is extremely important that communities begin holding themselves accountable for progress made in community healing efforts. How else can we tell if our programs are working? Why continue to do things that are not really helping? Unless we go beyond describing our activities (i.e. we held so many meetings, workshops, healing circles, counselling sessions, etc.) to measuring the *results* of our activities, we cannot improve our programs and we cannot hold our communities responsible for doing their part of the healing work.

We recommend:

- **That all community healing and wellness programs develop and use some form of community wellness report card, and**
- **That helping agencies and funders' work with selected communities to develop appropriate measures and**

tools to assist communities to prepare accurate and effective report cards.

Sample Community Wellness Report Card

ISSUE	LAST REPORT	THIS REPORT	COMMENTS
1. % of households with persistent alcohol and drug abuse ongoing	79%	62%	Summer work projects gave some adults a focus
2. % of youth at risk and without adequate support	84%	51%	Outdoor camps and cultural activities have engaged a significant number of youth
3. % of families living in overcrowded and unhealthy housing	45%	45%	No change
4. % of working age adults unemployed and on welfare	88%	82%	Summer work programs have employed some people, the basic problem is not being addressed
5. number of sexual abuse disclosures and reported sexual assaults	0	0	Sexual abuse is still not acknowledged as part of a community reality, though it comes up frequently in counseling cases
6. number of (known) attempted suicides	4	0	Suicide prevention workshops and new youth buddy system has helped
7. number of reports cases of spousal abuse	6	2	Less alcohol abuse and more work has made for less stress in families
8. number of people participating in healing circles	21	56	Our June recruitment has involved an additional 30-40 people in circles
9. % of community residents involved or committed on a personal healing journey	15%	26%	New people have joined the healing spring workshops, new healing circles attracting some
10. number of people volunteering for anything	81	126	Summer roundups is always a popular venue for volunteers, but overall annual numbers the same

Recommendation 5 - Measuring Progress and Reporting to "Stakeholders"

We recommend that communities in recovery with active wellness programs hold 3 – 4 community meetings a year during which a serious effort is made to assess how the wellness work is progressing and to discuss new ideas and next steps. These regular meetings will serve a number of important purposes:

1. To provide those most active in wellness work the opportunity to give the problem of community healing back to the community i.e. to stress that wellness is everybody's business and not just that of a few front-line workers and volunteers.

2. To provide those supporting wellness and community development with a forum for contributing their thinking and their spiritual energy to the process and for participating in shaping new directions for future efforts.

3. To provide wellness workers with a mechanism through which their efforts can be reviewed and through which they can access sustained community support.

4. To provide a mechanism through which formal and informal monitoring and evaluation can take place.

This stop-and-reflect mode is a fundamental and necessary part of good community work. Without it, community programs are like a charging rhinoceros. Once the rhino lowers his head and begins to run, he can no longer see the target he is aiming for. If the target happens to move, the rhino will miss completely. Many front-line healing program staff feel exhausted and overrun with demands on their time. "Where will we ever find the time to stop and reflect?" some will ask.

We strongly recommend that wellness teams take the time (i.e. schedule it in) at least a day a month and an annual retreat for the team, as well as four community consultations a year.

Recommendation 6 - Position Healing Within Other Programmatic Frameworks

"Healing" can be funded and worked on under the banner of a "healing" or "wellness" program. But healing can also be incorporated within many other types of programs. For example, "employment training" is often about preparing people to function effectively in the workplace. Issues such as not coming to work, coming late, not completing tasks or keeping agreements, persistent conflict with fellow workers or supervisors, gossip and negative talk impacting staff morale and unity - these are all issues that probably reflect the need for healing.

We recommend that healing activities be incorporated across many programs (such as youth development, elder-health, community justice, school curriculum, adult education and training, etc.) it is possible to greatly multiply the number of people who are impacted by a community wellness effort and also greatly multiply the impact of wellness related funding. For some people, the very idea that they

need "healing" is rejected and they studiously avoid anything with that "healing" label attached to it. However, these same people are often willing to participate in training related to communication or employment readiness or "life skills". Peacemaking in schools is healing. Family development and parenting are about healing (i.e. learning new, healthier patterns of living). All of these things have healing work embedded in them.

Recommendation 7 - Develop Special Programs to Address Children and Youth in Crisis

It is very troubling to communities with a long and successful history of addressing community healing issues to discover that a large majority of the next generation of Aboriginal youth are in crisis and showing every sign of needing to repeat many of the lessons their parents had dared to hope were left behind in the (not to be repeated) past.

We fear that what we are now seeing is really the tip of a very large and dangerous "iceberg" and that unless the healing needs of children and youth are addressed now, many of the healing gains made by Aboriginal communities in the 80s and 90s are likely to disappear within 10 years.

If we consider that children and youth (under 25 years) make up between 50 - 65% of the population of most Aboriginal communities; that many of these young people are now showing signs of crisis; that many in this age group are already having children of their own and that in most communities (aside from seriously under-funded schools) only a very tiny proportion of community resources (i.e. money, professional time and energy, capital spending, etc.) are dedicated to addressing the developmental needs of children and youth, it becomes fairly clear what we must do.

We therefore recommend that communities in recovery and the agencies that support and fund wellness work, take immediate steps to develop comprehensive healing and wellness programs addressed to Aboriginal children and youth. These programs will only work if they are year round, long-term (5 years or more) and sufficiently funded to ensure that every child and youth is "wrapped in a blanket" of love, healing, learning and support. In this there can be no short cuts or half measures if we care about the future of our Nations. (Note: Thanks to the Squamish Nation Crisis Centre program for this metaphor.)

Recommendation 8 - Establishing Legal Non-Profit Community Organizations

In all six of the communities visited during the course of this study and in dozens of others with whom we have recently worked, the governance system (based on the Indian Act) is seen as a serious obstacle to community healing. One very worrisome reality is that many communities still have elections every two years. A change in leadership from a group that is supportive of healing to a group that is not can result in the crippling or even elimination of healing programs.

We recognize that the healing of community governance systems will, in part, be the natural result of personal wellness reaching a significant enough level that healthy people will be able to influence the process of governance. But there is more. It is now clear that the governance systems Aboriginal communities have inherited are fundamentally flawed. There is a need for real change and there is a need for communities to learn new models and to explore alternative ways of doing things.

In addition to political obstacles, there are many financial barriers that impact the healing process. There is never enough funding and what there is, is often tied to specific short-term initiatives favored by the government of the day.

For these reasons, we recommend that Aboriginal communities in recovery build a "firewall" between politics and ongoing community healing and development programs and develop ways and means of funding healing and social development out of the proceeds of community enterprises.

One strategy for achieving both of these objectives is to establish one or more non-profit community organizations registered under the Societies Act (either provincial or federal incorporation is possible but provincial registration is easiest). A Community Development Corporation or a "Community Healing and Wellness Society" can receive funding and carry on programs at arms length from the chief and council. Some political leaders may see this sort of restructuring as a threat to their absolute control of community initiatives. However, as communities heal, they increasingly recognize that a strong and healthy nation is made up of many (certainly more than one) strong institutions and organizations working together for the common good.

A Community Development Corporation is a special type of non-profit society, the aim of which is to create profitable businesses and to channel at least some of the profits from these enterprises to supporting the overall development goals of the community (which of course can include healing).

We believe that the creation and development of civil society institutions within Aboriginal Communities will greatly strengthen the capacity of those communities to sustain and stabilize important social and economic development processes from the impacts of changing political circumstance and unreliable and shifting sources of funding.

In the best of all possible worlds, we see band councils creating arms-length civil society institutions and working closely with them as partners in the process of nation building.

Recommendation 9 - Establish a Formal Structure and Process for Interagency Collaboration

In many communities front-line agencies set up to serve the community do not work together. This is a significant problem for advancing the process of community healing because healing and wellness related issues are part of the day-to-day work of almost all human service agencies in Aboriginal communities.

Some of the reasons why front-line professionals and their agencies don't work together include feelings of territoriality and competition between program leaders, a fixation on "my mandate" versus "your mandate," a tendency to be driven by the funders' objectives rather than the community's needs and realities and a lack of political will and leadership to *require* community agencies to integrate their program work into one coherent continuum of care and services.

Because the process of community healing touches on almost all community program activities (youth, elders, social services, education, justice, economic development, etc.) the needs of the community are best served by agencies coming together and cooperating to help each other to provide the best possible set of program services to the community.

We recommend the establishment of formal structure and processes to facilitate interagency collaboration. Following are a few suggestions related to how this might work:

1. A formal structure is needed which involves regularly scheduled meetings and somebody assigned the task of acting as communications hub and as a convener. Without someone working as a "go-between", agencies tend to stay in their own corners.

2. You can't really have a common inter-agency approach unless you have a common vision and a common plan. The creation of a comprehensive community development plan (see Recommendation 3 above) is an essential part of what is needed. But a simple way to start is to develop an "integrated services and response plan". Most professional agencies *respond* to needs and crisis (that's basically all that many agencies do). Planning how to support each other, how to share vital information, to consult on the needs of "clients" being served by more than one agency and working to ensure that serious gaps in response and service will produce a much more effective and coherent inter-related and effective array of community programs.

3. Effective inter-agency collaboration won't happen by itself. Simply calling meetings of agency representatives is often seen as a "waste of time" better spent "doing our own work". Leadership can make a big difference. If chief and council or the leadership of several of the larger agencies call agencies together and *challenge* them (even require them) to work collectively to *maximize* the impact of funding to share training opportunities and to improve the quality and the scope of services, most professionals will respond positively to the opportunity to make a difference.

4. If chief and council were to take 30% of everyone's budget and put it in a common pool to be managed

collectively through interagency collaboration, based on a common plan which "the collaborative" (i.e. the interagency team) was required to produce, chances of seeing meaningful and sustained participation by front-line agencies will be greatly increased.

Recommendation 10 - Managing Outside Help

Many Aboriginal communities do not have the human resources they require to carry out all aspects of the needed healing and wellness development work so, naturally, it is common practice to look for outside help. Unfortunately, it is very different for most communities to find the help they need and not at all uncommon to end up with consultants or employees who simply do not have the training, orientation and experience to do what is required. Indeed, it is not unusual for communities to bring in an employee or a consultant at prices that are far too high for their budgets, only to discover that the person is actually causing problems, rather than solving them.

A number of practices can assist communities with the important task of managing outside help. We recommend that communities consider which of these will best assist them.

1. Consult with a reliable friend of the community in establishing a written description of the work to be done, minimum qualifications required and reasonable costs you are prepared to pay. (Note: In this regard organizations that may be able to help include the Aboriginal Healing Foundation, Health Canada, Four Worlds and Nechi Training Institute.)

2. Screening is critical. Review resumes. Ask for references, take the time to talk to the references about whether they would recommend the applicant for the work. If you can't find a reliable reference to talk to, go back to the applicant and ask for more names. If you are still not sure, ask for help (as in number 1 above). *Never hire someone you don't know without first checking references.*

3. *Prepare a written memorandum of agreement* between your agency and the person you are hiring. It should spell out in detail the work to be done, expected completion dates, expectations of how the work will be carried out (i.e. stages, steps, products to be produced) financial estimates that spell out what cost will and will not be paid, a description of what will happen if either side doesn't keep the agreement and specific steps either party must take to cancel the agreement if things are not working out.

4. In planning agreements for help from the outside, the following principles should be considered carefully.

   a) The long view - Healing is not an event; it is a long-term process. How will this work survive this long-term process?

   b) Building capacity - Outside helpers bring capacity the community doesn't now have. How can at least some of that capacity be transferred to the community as a part of this working relationship with an outside helper?

   c) Working within a framework - The best use of outside helpers occurs when the community has a plan, a defined process and clear goals that the outside resource is brought in to

serve. It's difficult to manage outside help if you are not very clear about how that help can fit in to your plans.

d) The morning after - Plan in advance for the time after the outside resource leaves. How will the community be stronger and more able to carry on the healing work?

PART TWELVE: RECOMMENDATIONS TO THE SUPPORTERS AND FUNDERS OF COMMUNITY HEALING

Recommendation 11 - Support Mobile Technical Assistance Teams

There are hundreds of communities in recovery across Canada that do not have trained human resources capable of guiding their communities and programs through critical periods in the community healing process. More than anything else, teams of front-line workers need periodic encouragement, capacity building and technical support to assist them in meeting the enormous demands they have to face day in and day out.

This study reconfirmed what others have observed on numerous occasions over many years and that is how *a short visit by a supportive technical team, focused on helping local providers to improve their practice, can serve to uplift flagging spirits, reinforce program efforts and build the capacity of local teams, as well as to help teams that are stuck to overcome specific obstacles and go on to effectively serve their community.*

Moreover, it is now clear that even the best of local teams seem to lose perspective and become desperate and increasingly ineffective if they are not visited from time to time, if their focus is not reconnected to a long-range vision and if their practice is not brought into the light of principle-centered, reflective analysis.

We therefore recommend that the supporters and funders of community healing work together to create regional technical assistance and facilitative leadership teams. These teams should be small, mobile and sufficiently funded so that they can provide services to community healing programs on a cost-recovery basis (i.e. consulting fees/salaries are paid by the funders, but travel and accommodation costs are covered by the recipient community).

Recommendation 12 - Cultivate Catalytic Leaders of Community Healing and Coaches of Community Development

As described in the recommendation above, there is a crippling lack of trained human resources capable of providing facilitative leadership to community healing and development processes. It is a fact that many senior positions (such as community wellness coordinators) are not filled, especially in remote Aboriginal communities, simply because (despite extensive advertising) no one can be found to fill the positions. Often communities are settling for someone with only a partial capacity to do the job (most often, someone with training in one-on-one counselling but no orientation to or experience in Aboriginal community development). All too often, people are hired who turn out to be a net problem rather than a net solution to the community's needs.

We recommend that:

1. **A national clearinghouse service be established to help communities to find and secure human resources for work in community healing and development pro-grams.**
2. **A consortium of colleges and universities be assisted to develop and offer world-class training programs that can be delivered regularly across Canada to prepare community and program leaders to work in the field of community healing and development. This training will need to be largely community- based, oriented to practice (as opposed to a theory-centered approach) and integrated into ongoing healing and development efforts.**

The thinking behind part 2. of the above recommendation is that *there will never be enough professionals from outside Aboriginal communities to do all that needs to be done in community healing. It is now time to focus on building human resources within Aboriginal communities* and this will require that higher education adapt to community realities (as opposed to communities trying to fit into the realities of current higher education programming).

Recommendation 13 - Networking and Sharing Innovations that Work

There are many innovative and successful Aboriginal healing initiatives across Canada but most of them are unknown beyond a small circle of professionals and neighboring communities. At the same time, there are hundreds of healing programs that are struggling and are desperately in need of a pattern to follow that actually works and someone to talk to who has experience with similar challenges.

Community-to-community networking and the sharing of innovations that work is a powerful and relatively inexpensive way of greatly multiplying the effectiveness of healing programs across the country.

We recommend that the supporters and funders of community healing work with select host communities to facilitate the holding of periodic regional and national sharing and networking conferences.

These gatherings should focus on letting community program people talk with each other, rather than on the usual conference agenda filled with professional presentations.

In addition to conferences, other formats can be used that will accomplish a similar purpose, including summer institutes, think tanks focused on a particular problem or issue and regional and national reflection meetings in support of new research and program initiatives.

Recommendation 14 - Provide Core Funding to Proven Programs

One of the biggest obstacles to the progress of the healing work in many communities is unreliable and unpredictable stop-and-start funding. Most often, the funding communities are able to get for healing-related work focuses on some issue (addictions, family violence, sexual abuse, etc.) and pays for a specific short-term solution (train six people, run two community workshops, develop a training

manual, etc.). These projects seldom last more than a year or two.

What is needed is core funding to organizations dedicated to the long-term work of engaging their communities in the full range of healing issues and necessary processes. What is happening now is these organizations are accepting the "special project funding" and doing the "special work", while at the same time attempting to maintain the momentum of the long-term healing work that needs to be done.

This pattern is constantly being interrupted by the (often onerous) demands created by the structure of current funding, which includes activities such as writing frequent reports, conducting administratively oriented evaluations, searching for new sources of money, writing new grant applications, etc. All of this comes with a high cost in human energy and takes key personnel away from the community healing work for very substantial proportions of available time. As well, even the best of programs are often unsuccessful in winning new grants, and so are constantly faced with the loss of key staff and subsequent interruptions of important work.

We recommend that new funding arrangements be developed by a national network of funders and supporters of Aboriginal community healing that focuses on providing community programs with a proven track record core funding of three to five years duration, and the ability to renew that support based on continued program excellence.

One emphasis, though not the sole focus of this approach, should be to invest in role-model programs that not only can demonstrate success in their own communities, but can also provide training and technical support to other community programs.

Recommendation 15 - Invest in Building the Capacity of Groups of Elders to Provide Leadership in Community Healing

The Squamish Nation's Elders Circle provides a clear example of what can happen when a group of community- based elders, many of whom are first generation residential school survivors, work together on their own healing and then take that healing process to their communities. Virtually all Aboriginal nations across Canada regard their elders with profound respect but few communities actually invest in special programs to assist their elders to heal, learn and to grow into the leadership roles which tradition calls on them to play.

It should be noted that elders face significant barriers to participation in the healing and development of their communities. Some of these barriers include serious health issues (some of which can be more effectively managed or prevented through lifestyle changes) lack of access to resources (transportation, communication, information) and the weight of family responsibilities with which many elders (particularly women) find themselves coping. In addition, many elders say that their lives have not always prepared them for the leadership roles their communities now expect from them, and they find themselves thrust into a role that carries with it very few opportunities for learning and growth for themselves and which requires them to provide the spiritual, emotional and

cultural support that they themselves need. These very real barriers to participation need to be addressed in a systematic way if the capacity of elders is to be supported and developed.

We recommend that funders and supporters of Aboriginal community healing work with selected communities to develop and test mechanisms to assist local groups of elders to become leaders in their own community healing process.
(Note: A practical tool to assist in this work is the "Elderhealth Manual", published by Four Worlds Press, 1994.)

Recommendation 16 - A New Kind of Front-Line Professional

The current line-up of agency professionals working on the front line in most Aboriginal communities involves a broad range of specialists, such as alcohol and drug counsellors, sexual abuse therapists, youth workers, justice workers, child protection workers, etc. Each worker is responsible for a piece of the puzzle and each agency is specializing in certain dimensions of the whole community problem.

What is missing is an integrative generalist, an intermediary facilitator whose job it is to focus on weaving all the pieces together into a comprehensive whole.

A healthy community is like a healthy human body. All the limbs and organs and systems need to be working but they also need to be working together. If any part of the body stops cooperating with the rest (for example if the blood stops flowing or digestion shuts down) the whole body can soon become very sick.

Current patterns for how to run human service agencies and band governments have largely been borrowed from the non-Aboriginal world. Within European cultural frameworks, there is a tendency to see things in separate pieces (in boxes) rather than in interconnected wholes (i.e. circles). So, each program has its own separate mandate and separate funding arrangement and even though everyone is supposed to be serving "the community," there is generally no common vision or plan into which the separate program pieces can be fitted. In general, front-line workers feel totally overwhelmed with their current workloads and can't imagine how they would find time and energy to do the legwork and relationship building needed to create truly collaborative partnerships between agencies.

What is needed is a community development facilitator, who works with community leaders and all the programs to pull together an integrated, mutually reinforcing program effort.

A key role of this new type of professional would also be to assist front line agencies to engage community members in the healing and development process. Currently, the trend is for front-line professionals to try to *be* the solution-makers for the community, even though most of them believe that solutions really need to come from the community.

We recommend that:

1. **Those funding and supporting Aboriginal community healing and development support the development of a new professional designation in Aboriginal communities called (something like) "Community Development Facilitator".**

2. **This program be pilot tested in several tribal council areas, thus allowing front-line workers to form a learning and action support circle.**
3. **National training and mentoring components be created to provide both basic training in community healing and development theory and practice and ongoing coaching and technical support.**

We envision two levels of this type of professional: a front-line level practitioner and regional or national coaches. Training is needed in both of these levels.

Recommendation 17 - Develop Tools and Processes to Measure Outcomes in Healing and Development Work

In the section entitled, "Recommendations for Communities in Recovery," we have recommended the development and use of "wellness report cards" and other strategies to call communities and healing programs to account regarding the effectiveness of efforts underway to help the community on its healing journey.

Fundamentally, it is important to find out what is working, what is not and why (see recommendation 4) and it is essential for communities in recovery to have feedback systems that will allow strategic course corrections to be made from time to time.

"Healing" programs are often criticized for their lack of rigorous outcome evaluation, making quality control very difficult to achieve (see Hodgsen et. al. 1997). This study has confirmed that it is possible to develop reliable indicators of progress and success and that, in fact, many community programs have already done important work in this regard.

Four Worlds has been able to collect and confirm community-level data related to levels of alcohol and drug abuse, youth at risk, attempted and completed suicides and the impact of mobile treatment programs. What we have learned is that communities need technical assistance and tools to help them to learn what to observe, how to obtain, record and safeguard reliable data and how to use multiple methods and sources for getting at the same information.

We recommend that the funders and supporters of community healing, in partnership with selected communities in recovery, undertake a "measuring healing outcomes" research and development project.

The goals of this project should be to produce reliable measurement indicators, strategies and tools that communities can use for gauging the progress of community healing in general, and the specific outcomes of healing strategies methods and initiatives in particular. We do recognize however, that 'one size' will never fit all; i.e. that community circumstances and the nature of ongoing work will always differ from community to community. For this reason a design requirement of whatever is developed will have to be the adaptability of the measures and tools to a wide range of circumstances through the incorporation of a participatory research component.

We feel that the gradual introduction of outcome measures, quality control (at least within programs) and community feedback strategies will greatly strengthen the

effectiveness of Aboriginal community healing efforts across Canada.

Recommendation 18 - "Support" Requires Building Personal Relationships

Those who are attempting to support community-healing processes from the platform of funding or technical service agencies tend to understand the word "support" in terms of the resources and services their agency provides. But this study has confirmed that the effectiveness of outside support to community healing and development processes can be greatly multiplied through personal connections.

In essence what this means is that professional program personnel need to step through the "looking glass" of the program perspective (which tends to reflect back the thinking and the working frameworks it projects) and be a human being in relationship with other human beings working on issues of common conscience.

Usually, this requires that we actually *go to the community, spend time with the people, make friends and listen a great deal. Support means being there with people as they struggle through healing and development processes*. In practice it means maintaining personal contact at a personal level. Sometimes it means calling community workers on the phone to ask them how things are going. It certainly means not limiting interactions to the "business" of program objectives, reports and activities.

In essence, we are saying that the quality of professional and institutional interaction with community healing programs is considerably improved when those interactions are built on a foundation of direct personal contact and sustained personal relationships.

We recommend that funders and outside helpers to community healing processes find ways of building in the time and costs involved in making the personal connections that are required to make "support" real and effective. This is an investment that will greatly enhance the quality of service professionals and their agencies are able to offer.

Recommendation 19 - Invest in Key Individuals (not just program initiatives)

Most funding is focused on supporting program initiatives that really depend for their success on the people who make them happen. These individuals are the unacknowledged heroes and heroines of the Aboriginal healing movement. Their commitment can often be measured in years or even decades. They are usually living on the edge of burnout and financial hardship and under increasingly high levels of pressure, both from the sheer weight of the work they do and from the instability of their employment arrangements, as well as from the constant criticisms and attacks they experience from those who do not support the healing work.

Yet without them, there would be no community healing movement. Years of work would disappear and would stumble into uncertainty. And without them, the best conceived program initiatives have no hope of success.

For this reason, we recommend that funders and supporters of Aboriginal community healing develop lines of action that directly support key individuals who are the demonstrated leaders and innovators of community healing.

Some of the criteria for choosing whom to invest in might include:

- People with staying power; i.e. people who have been undertaking the healing work for years already and seem likely to continue to do so.
- People with demonstrated capacity to mobilize their community.
- People who are willing to continue to learn and grow professionally.

The type of investment in key individuals we have in mind would pay good salaries and reasonable benefits for three to five years per investment cycle, renewable for as many cycles as the person continues to be effective. *The basic premise of this investment is that good people make good things happen.*

Other support to those selected for this type of program might include:

- Technical assistance to obtain program funding and to improve program practice;
- Annual opportunities for personal revitalization and renewal;
- Continuing education/capacity building opportunities;
- Linking the person into a national support network; and
- Opportunities to travel in order to learn and gain perspective.

This recommended shift toward funding key individuals in not intended to replace program funding but it is aimed at ensuring that good program initiatives have good people working within them. Building solutions around capable individuals constitutes an important shift for success in community program work.

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